Rapid review of surgery slides

Collected By:
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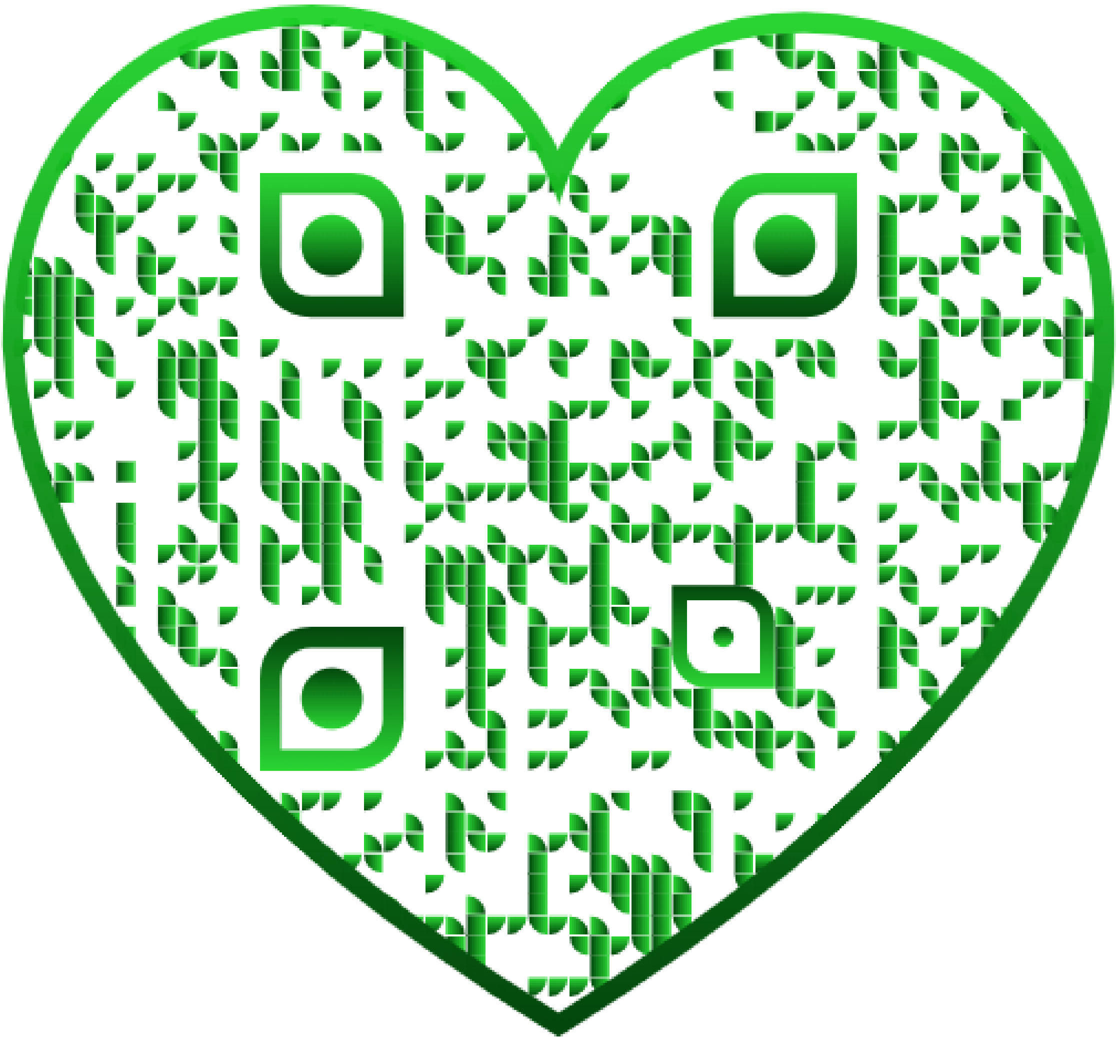
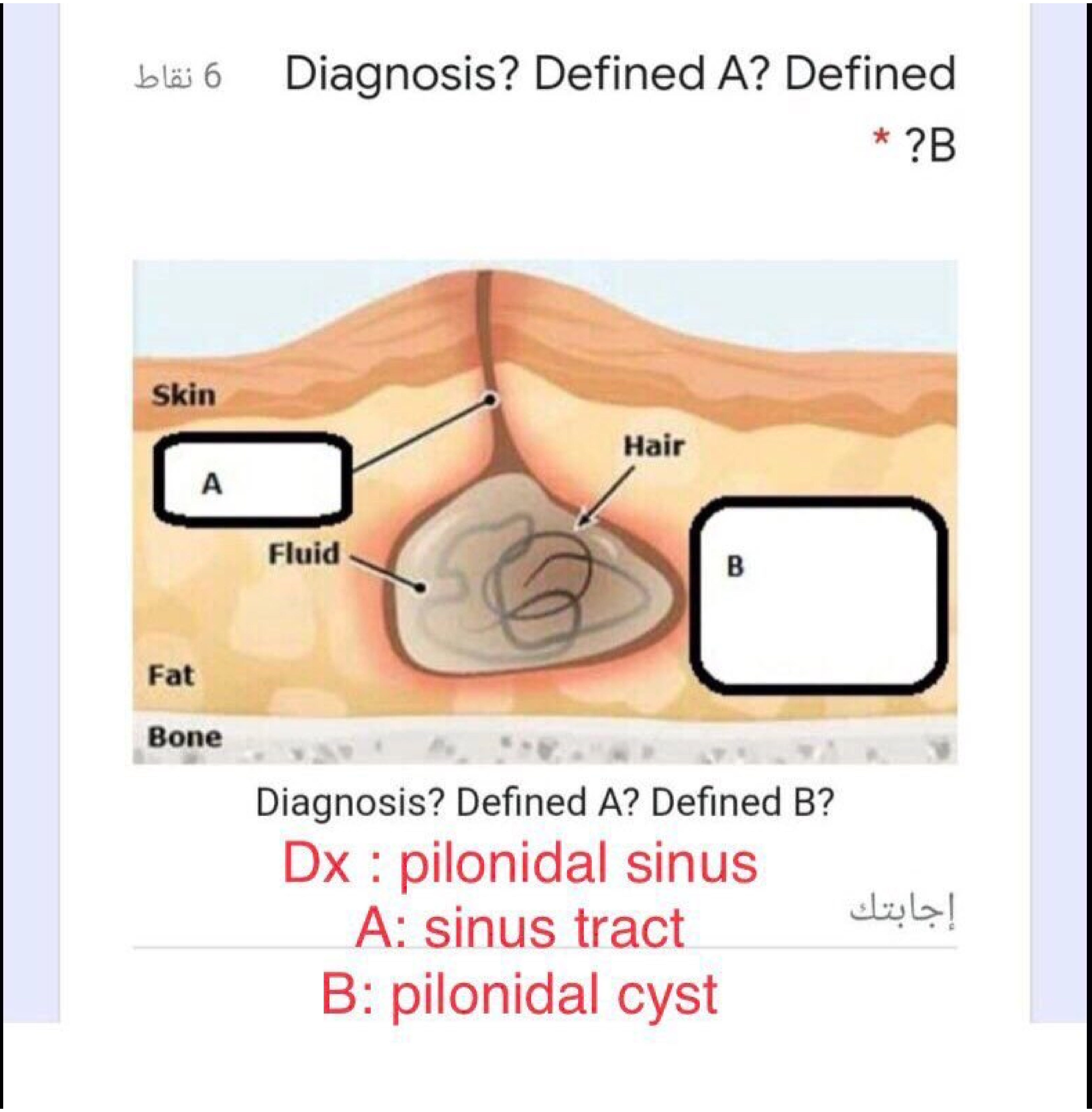
6th stage
2019-2020





6 نقاط

Diagnosis? Defined A? Defined ?B *

Skin
A
Hair
Fluid
B
Fat
Bone

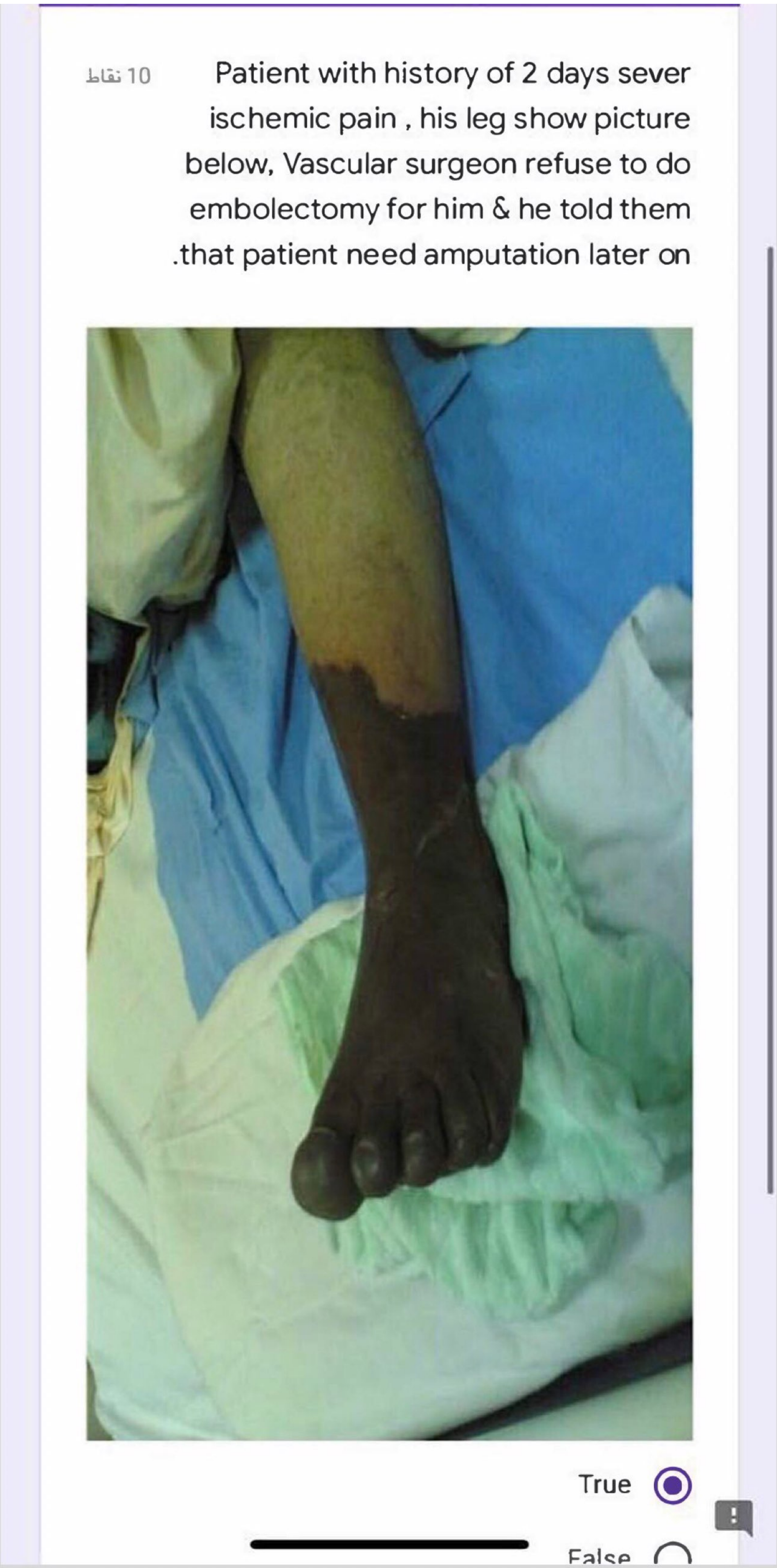
Diagnosis? Defined A? Defined B?

Dx : pilonidal sinus

A: sinus tract

B: pilonidal cyst

إجابتك

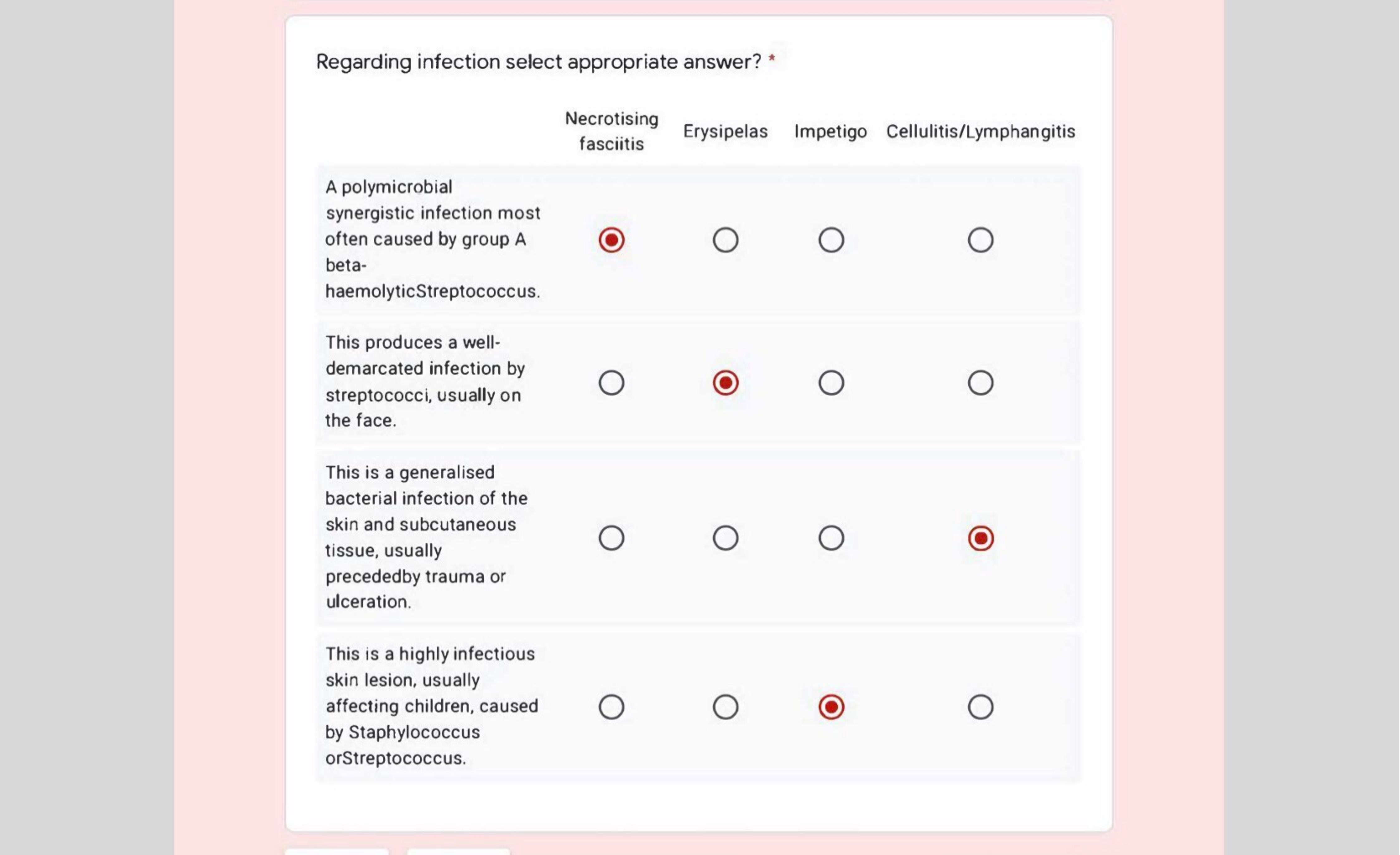


10 نقاط

Patient with history of 2 days sever ischemic pain , his leg show picture below, Vascular surgeon refuse to do embolectomy for him & he told them .that patient need amputation later on

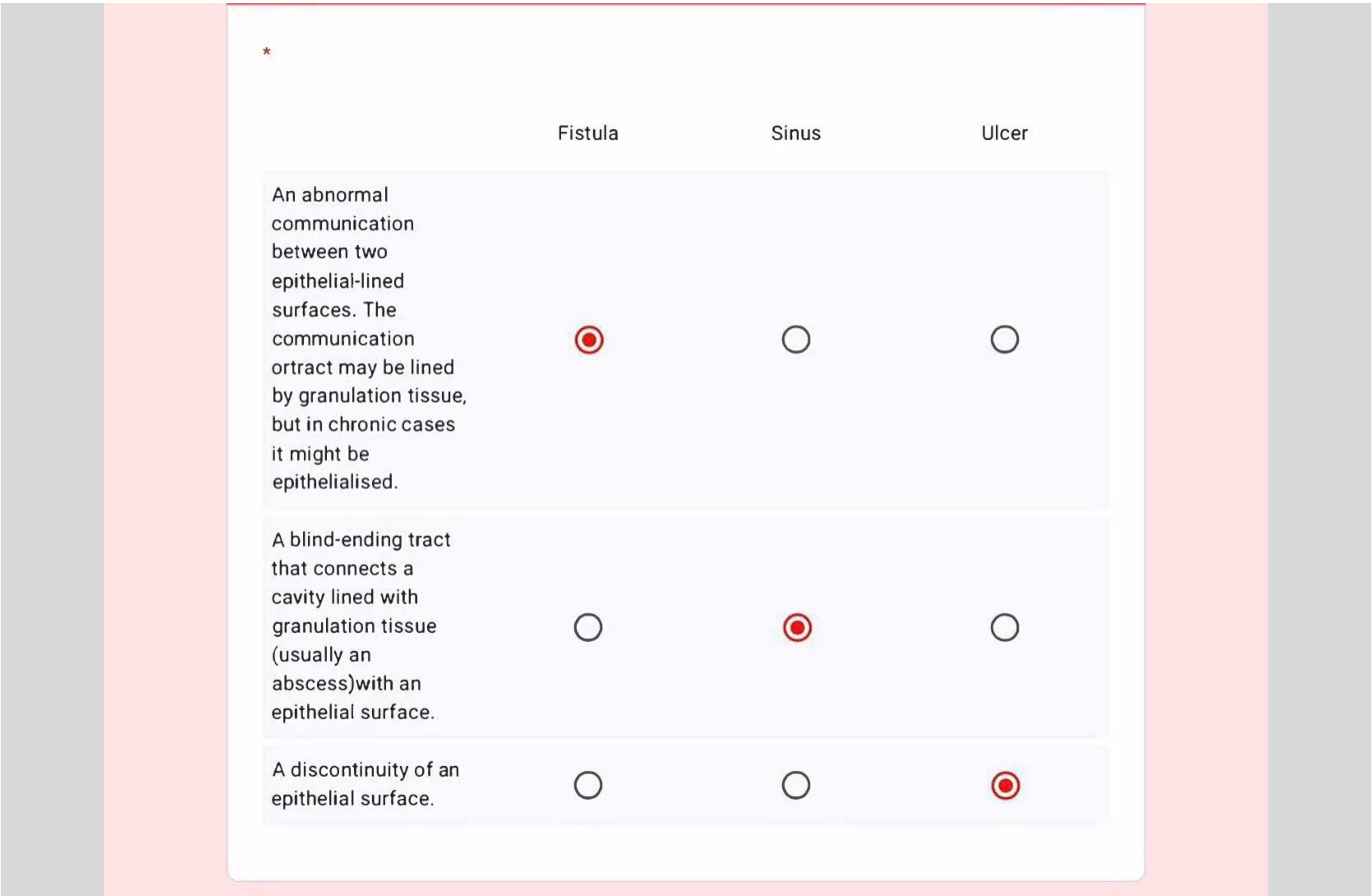
● True

○ False



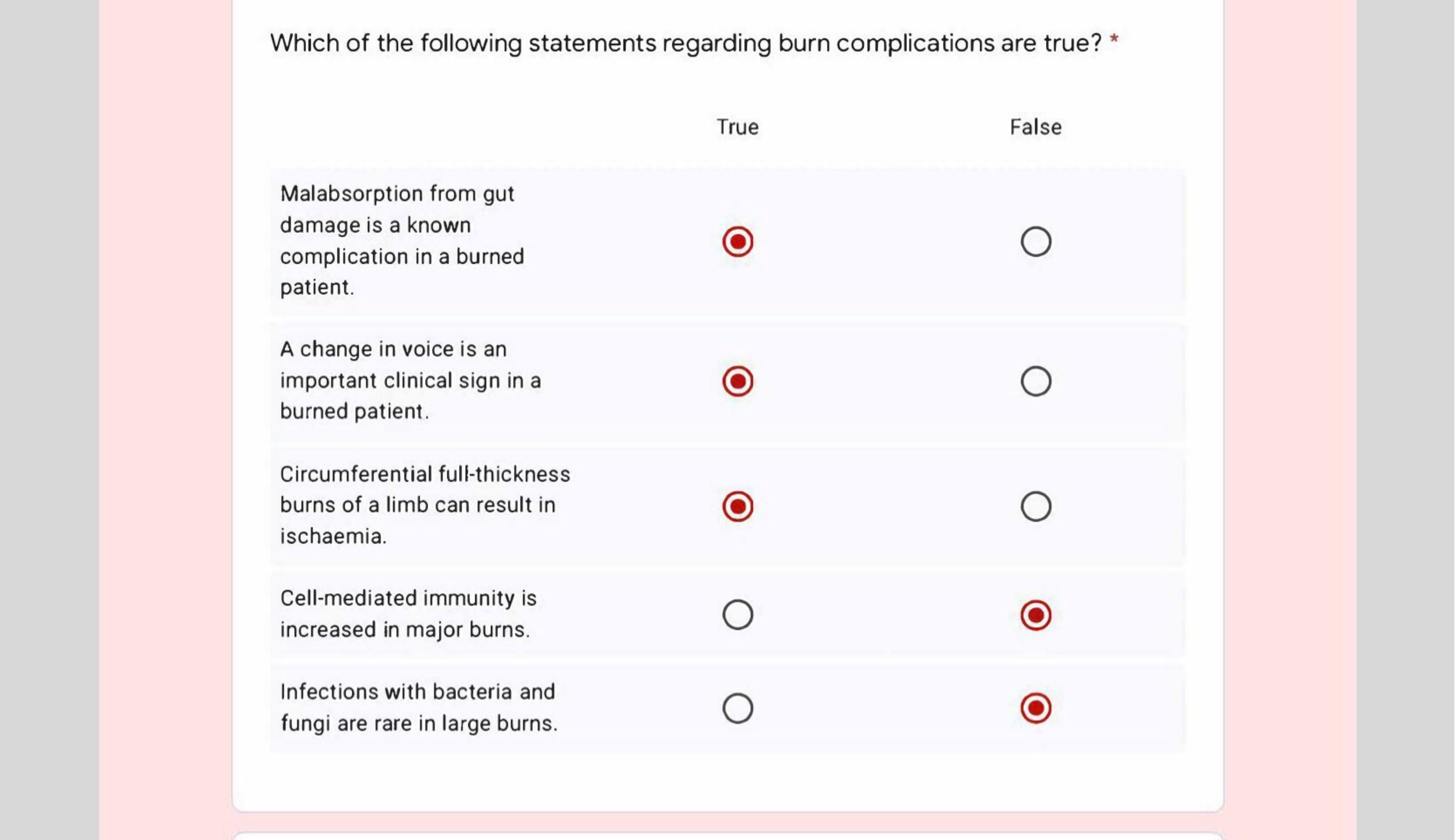
Regarding infection select appropriate answer? *

	Necrotising fasciitis	Erysipelas	Impetigo	Cellulitis/Lymphangitis
A polymicrobial synergistic infection most often caused by group A beta-haemolyticStreptococcus.	●	○	○	○
This produces a well-demarcated infection by streptococci, usually on the face.	○	●	○	○
This is a generalised bacterial infection of the skin and subcutaneous tissue, usually precededby trauma or ulceration.	○	○	○	●
This is a highly infectious skin lesion, usually affecting children, caused by Staphylococcus orStreptococcus.	○	○	●	○



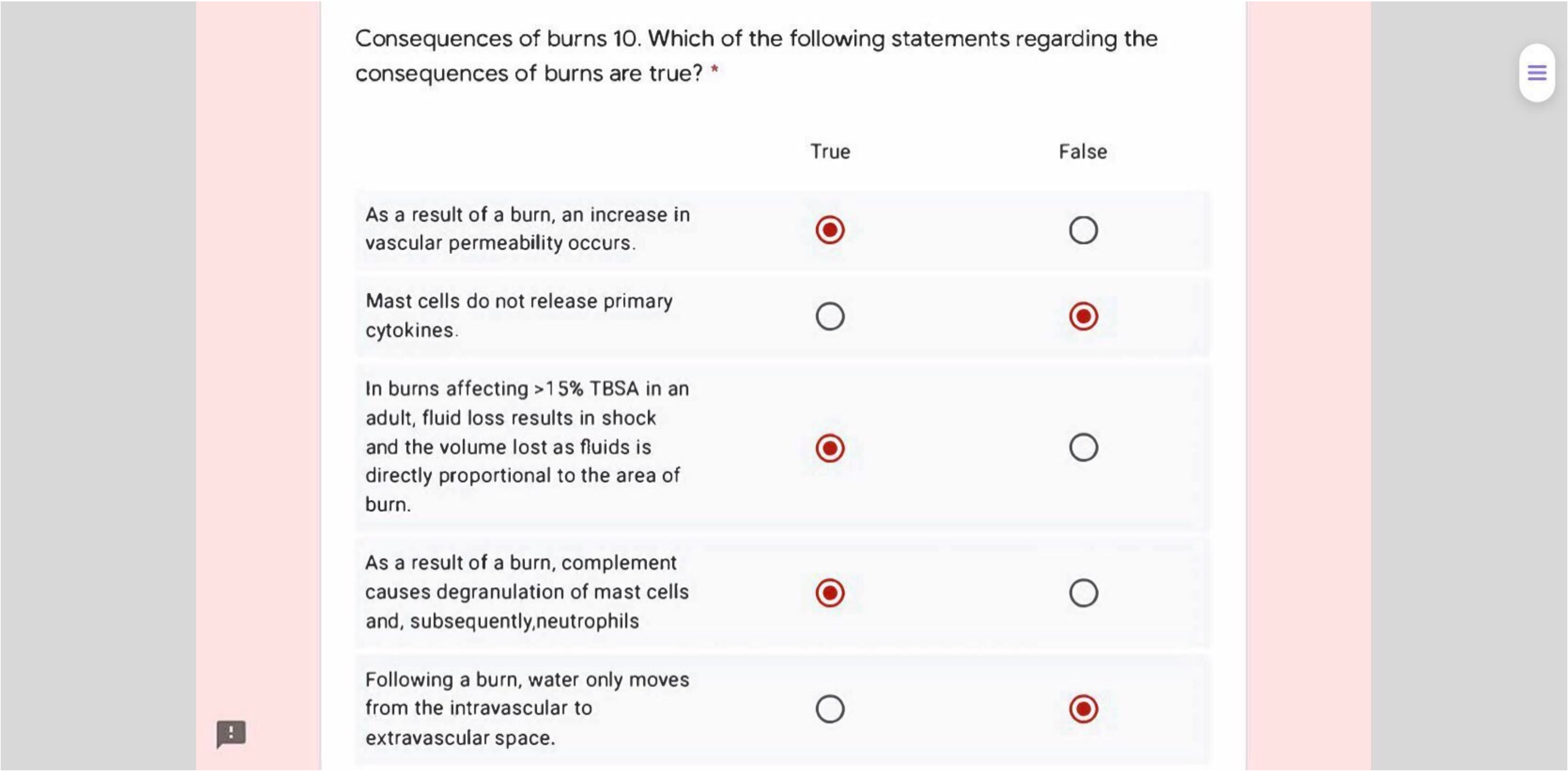
*

	Fistula	Sinus	Ulcer
An abnormal communication between two epithelial-lined surfaces. The communication ortract may be lined by granulation tissue, but in chronic cases it might be epithelialised.	●	○	○
A blind-ending tract that connects a cavity lined with granulation tissue (usually an abscess)with an epithelial surface.	○	●	○
A discontinuity of an epithelial surface.	○	○	●



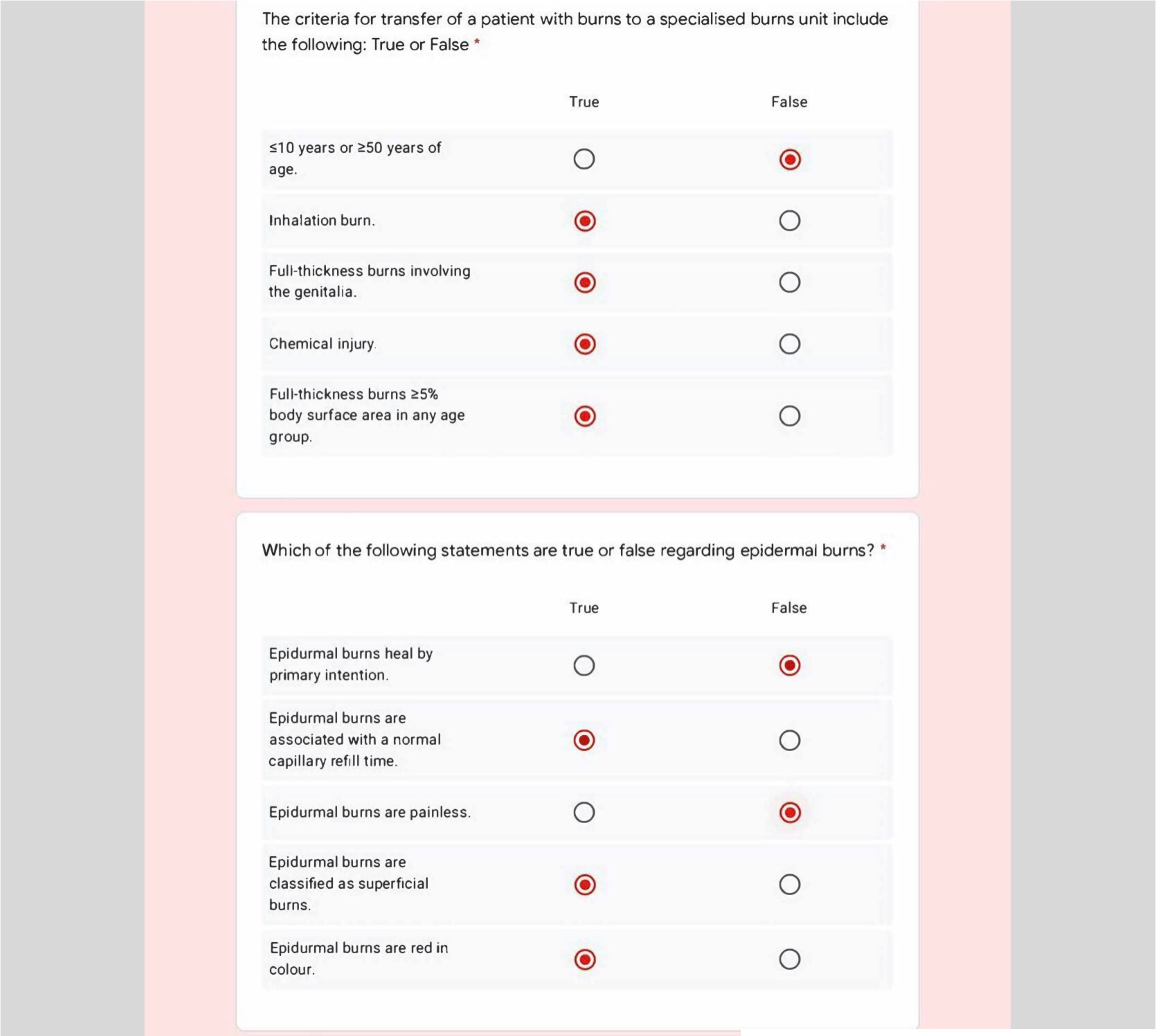
Which of the following statements regarding burn complications are true? *

	True	False
Malabsorption from gut damage is a known complication in a burned patient.	●	○
A change in voice is an important clinical sign in a burned patient.	●	○
Circumferential full-thickness burns of a limb can result in ischaemia.	●	○
Cell-mediated immunity is increased in major burns.	○	●
Infections with bacteria and fungi are rare in large burns.	○	●



Consequences of burns 10. Which of the following statements regarding the consequences of burns are true? *

	True	False
As a result of a burn, an increase in vascular permeability occurs.	●	○
Mast cells do not release primary cytokines.	○	●
In burns affecting >15% TBSA in an adult, fluid loss results in shock and the volume lost as fluids is directly proportional to the area of burn.	●	○
As a result of a burn, complement causes degranulation of mast cells and, subsequently,neutrophils	●	○
Following a burn, water only moves from the intravascular to extravascular space.	○	●

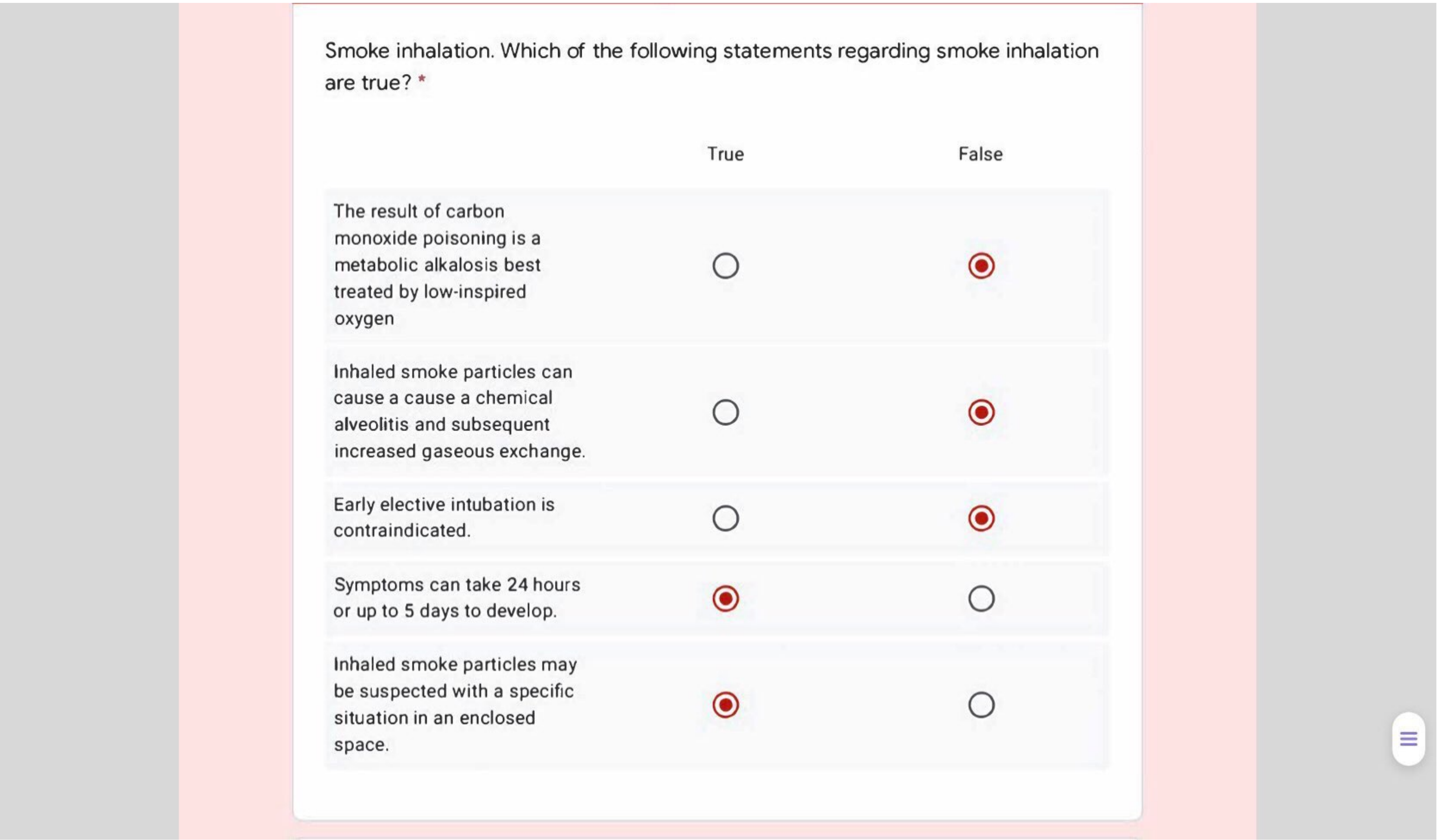


The criteria for transfer of a patient with burns to a specialised burns unit include the following: True or False *

	True	False
≤10 years or ≥50 years of age.	○	●
Inhalation burn.	●	○
Full-thickness burns involving the genitalia.	●	○
Chemical injury.	●	○
Full-thickness burns ≥5% body surface area in any age group.	●	○

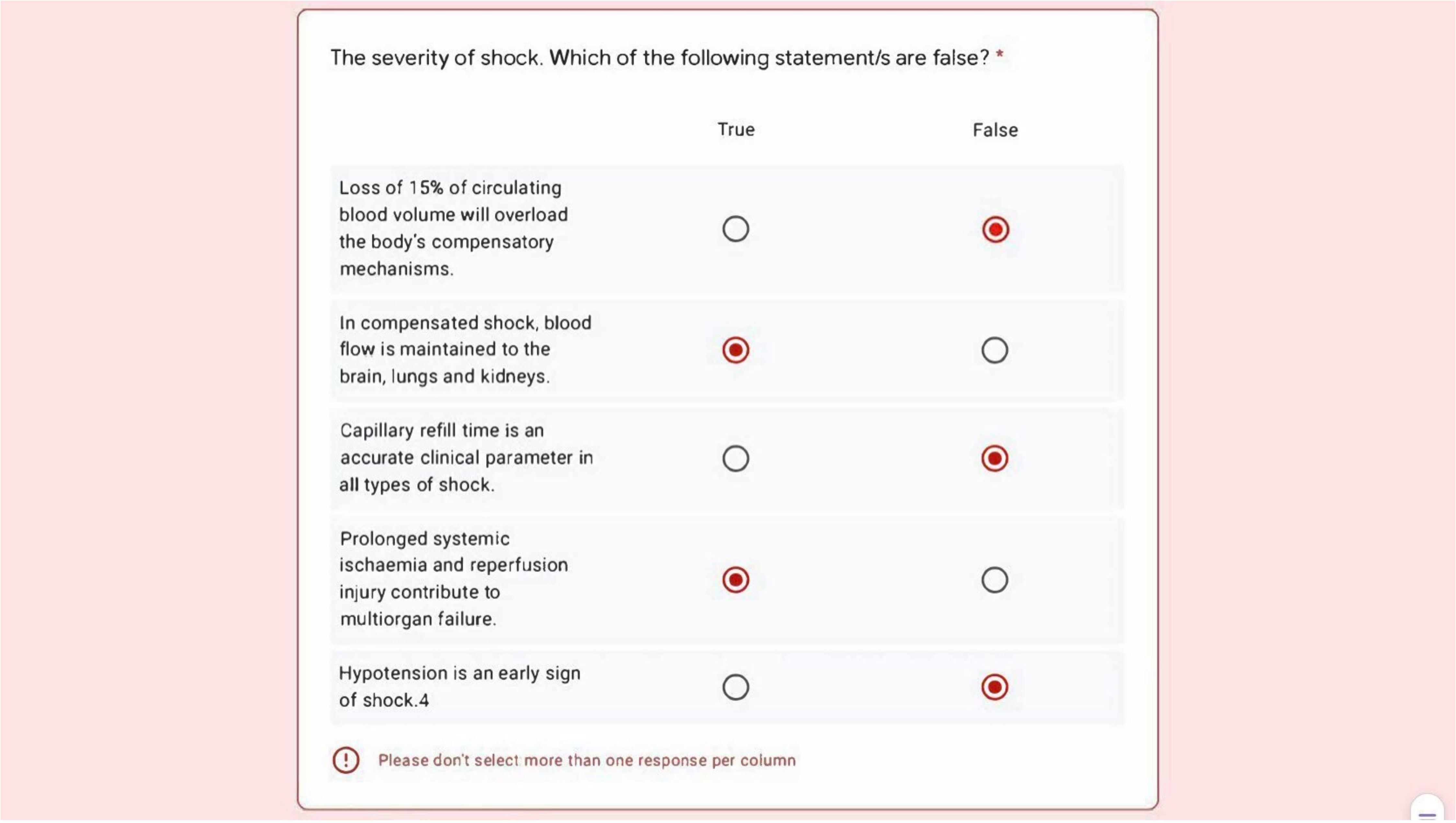
Which of the following statements are true or false regarding epidermal burns? *

	True	False
Epidurmal burns heal by primary intention.	○	●
Epidurmal burns are associated with a normal capillary refill time.	●	○
Epidurmal burns are painless.	○	●
Epidurmal burns are classified as superficial burns.	●	○
Epidurmal burns are red in colour.	●	○



Smoke inhalation. Which of the following statements regarding smoke inhalation are true? *

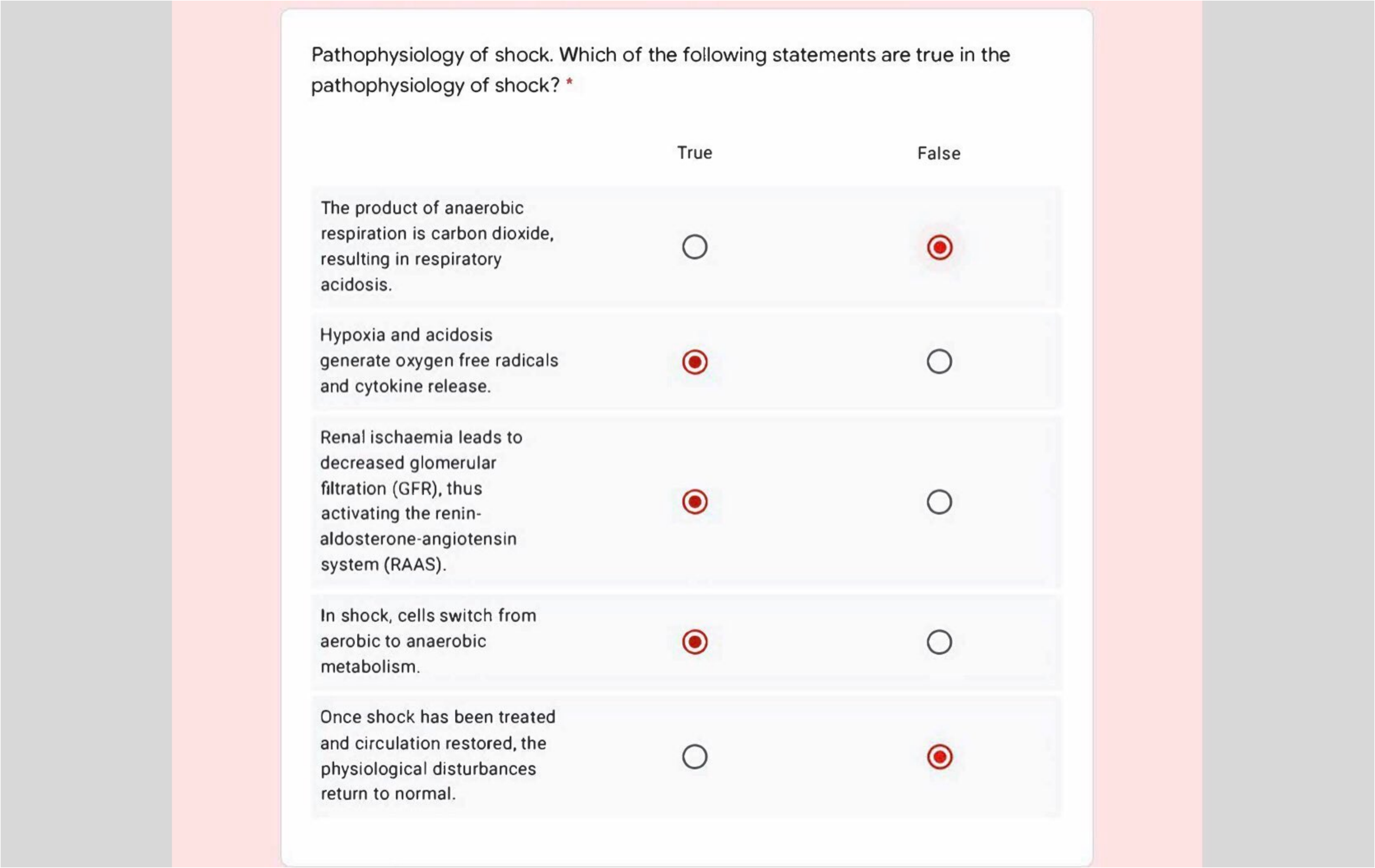
	True	False
The result of carbon monoxide poisoning is a metabolic alkalosis best treated by low-inspired oxygen	○	●
Inhaled smoke particles can cause a cause a chemical alveolitis and subsequent increased gaseous exchange.	○	●
Early elective intubation is contraindicated.	○	●
Symptoms can take 24 hours or up to 5 days to develop.	●	○
Inhaled smoke particles may be suspected with a specific situation in an enclosed space.	●	○



The severity of shock. Which of the following statement/s are false? *

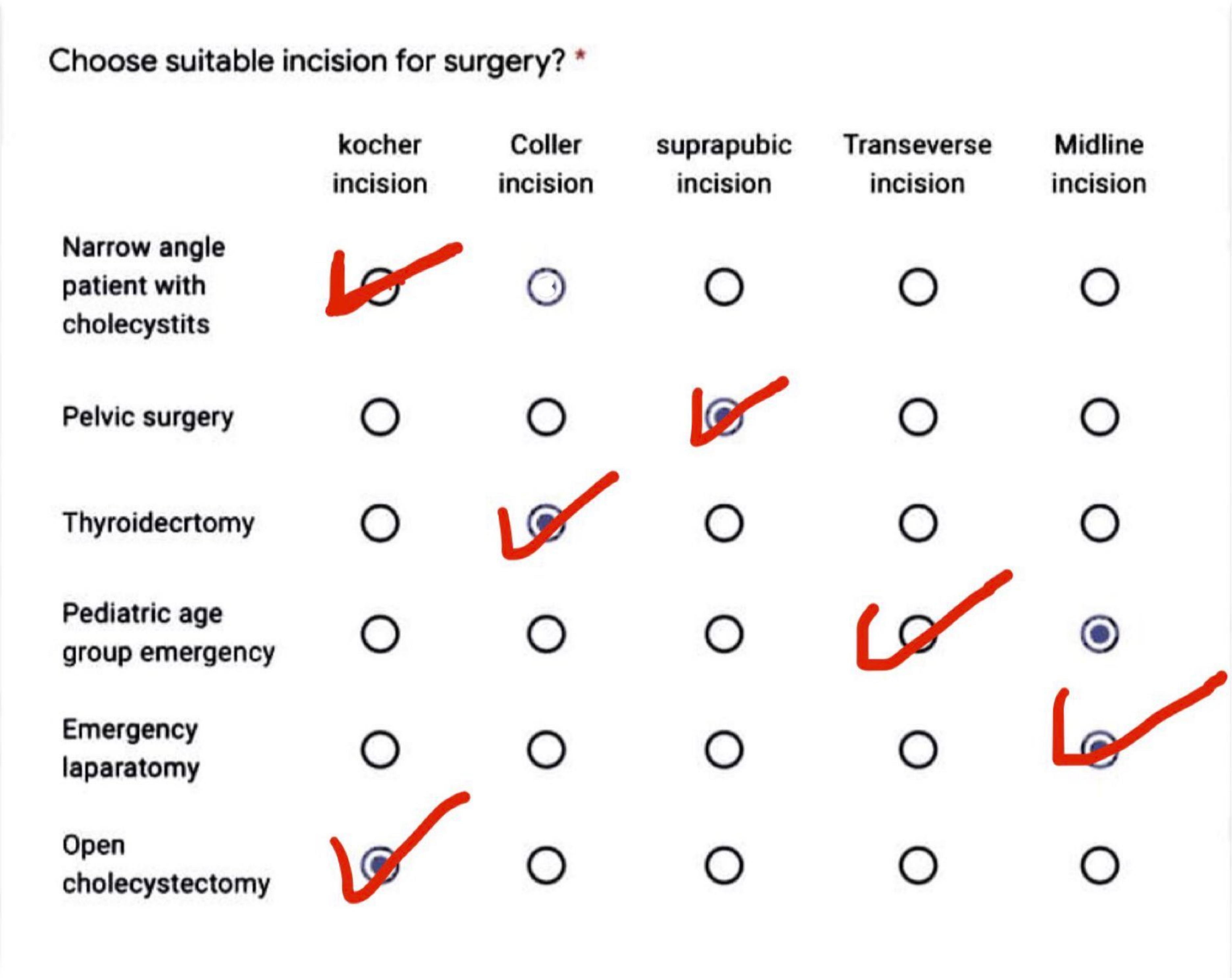
	True	False
Loss of 15% of circulating blood volume will overload the body's compensatory mechanisms.	○	●
In compensated shock, blood flow is maintained to the brain, lungs and kidneys.	●	○
Capillary refill time is an accurate clinical parameter in all types of shock.	○	●
Prolonged systemic ischaemia and reperfusion injury contribute to multiorgan failure.	●	○
Hypotension is an early sign of shock.4	○	●

(!) Please don't select more than one response per column



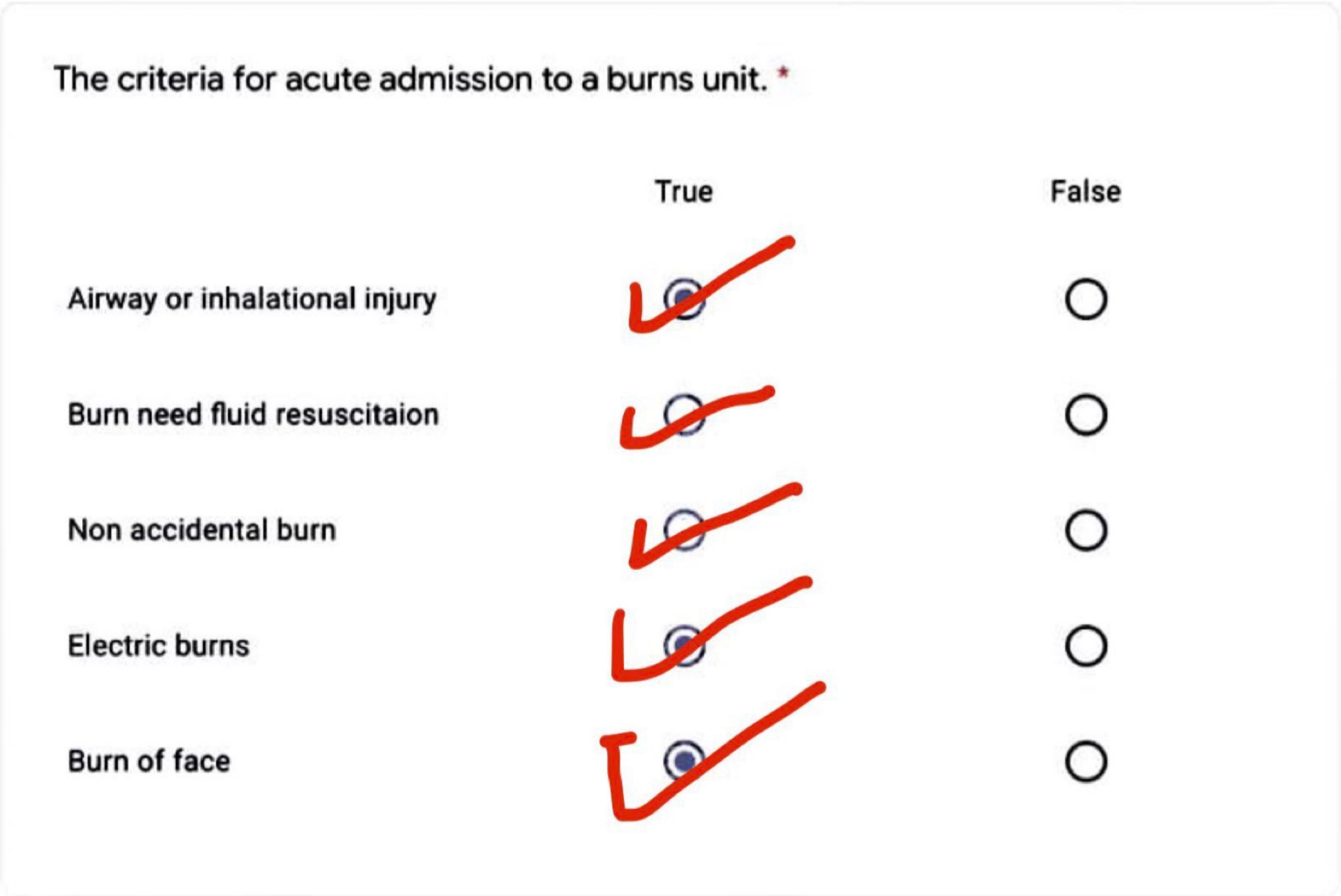
Pathophysiology of shock. Which of the following statements are true in the pathophysiology of shock? *

	True	False
The product of anaerobic respiration is carbon dioxide, resulting in respiratory acidosis.	○	●
Hypoxia and acidosis generate oxygen free radicals and cytokine release.	●	○
Renal ischaemia leads to decreased glomerular filtration (GFR), thus activating the renin-aldosterone-angiotensin system (RAAS).	●	○
In shock, cells switch from aerobic to anaerobic metabolism.	●	○
Once shock has been treated and circulation restored, the physiological disturbances return to normal.	○	●



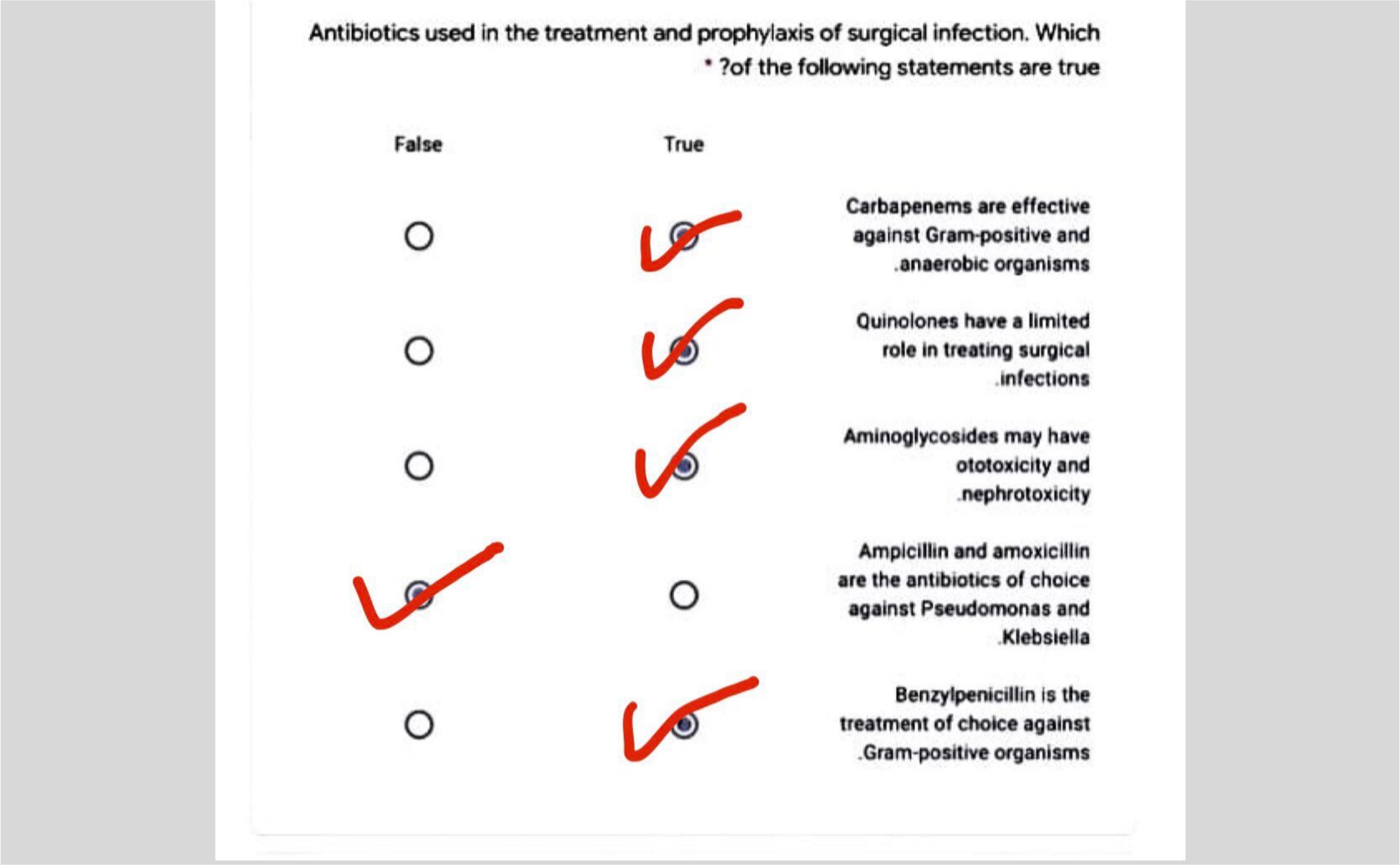
Choose suitable incision for surgery? *

	kocher incision	Coller incision	suprapubic incision	Transeverse incision	Midline incision
Narrow angle patient with cholecystits	○ ✓	○	○	○	○
Pelvic surgery	○	○	● ✓	○	○
Thyroidecrtomy	○	● ✓	○	○	○
Pediatric age group emergency	○	○	○	○ ✓	●
Emergency laparatomy	○	○	○	○	● ✓
Open cholecystectomy	● ✓	○	○	○	○



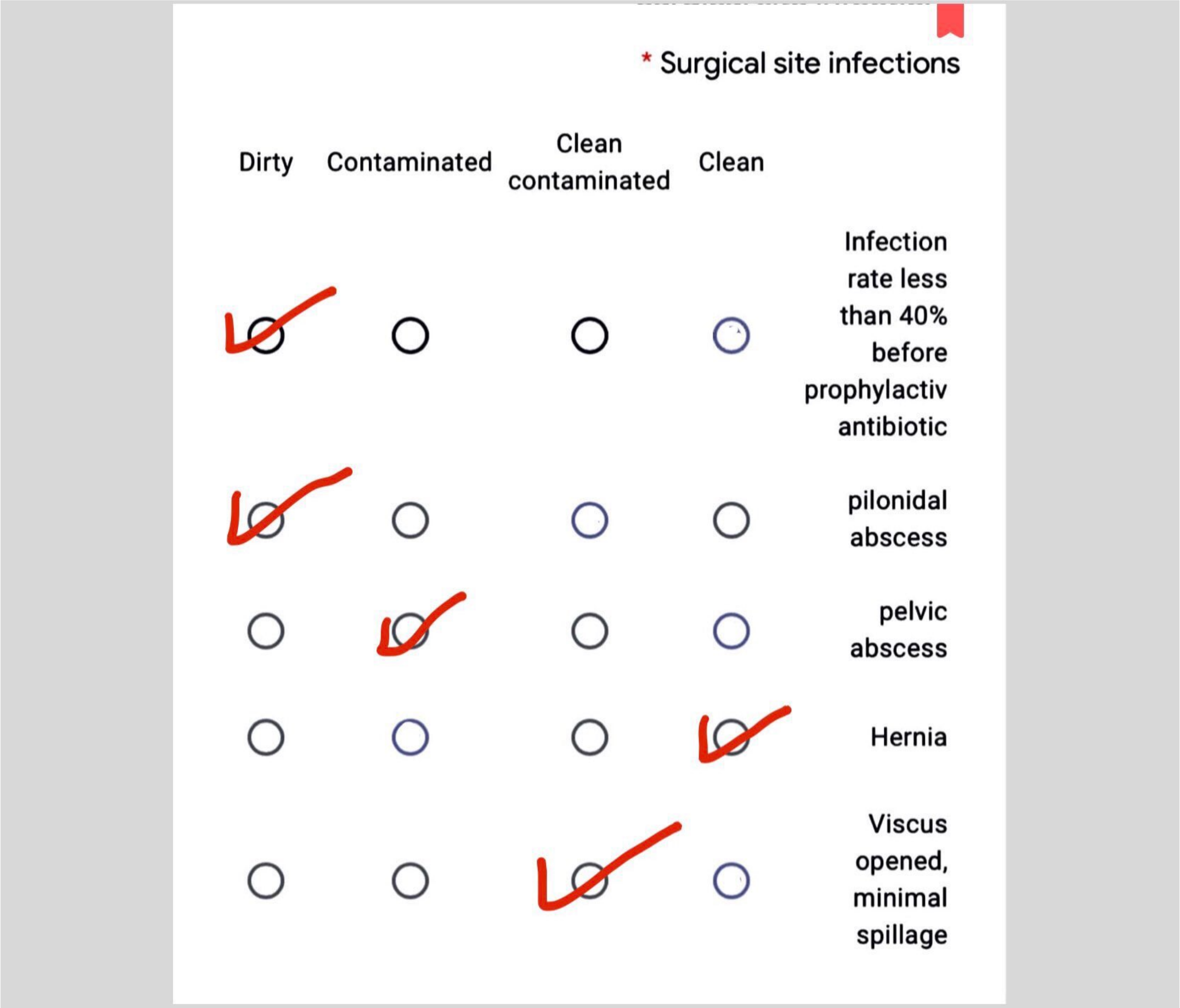
The criteria for acute admission to a burns unit. *

	True	False
Airway or inhalational injury	● ✓	○
Burn need fluid resuscitaion	○ ✓	○
Non accidental burn	○ ✓	○
Electric burns	● ✓	○
Burn of face	● ✓	○



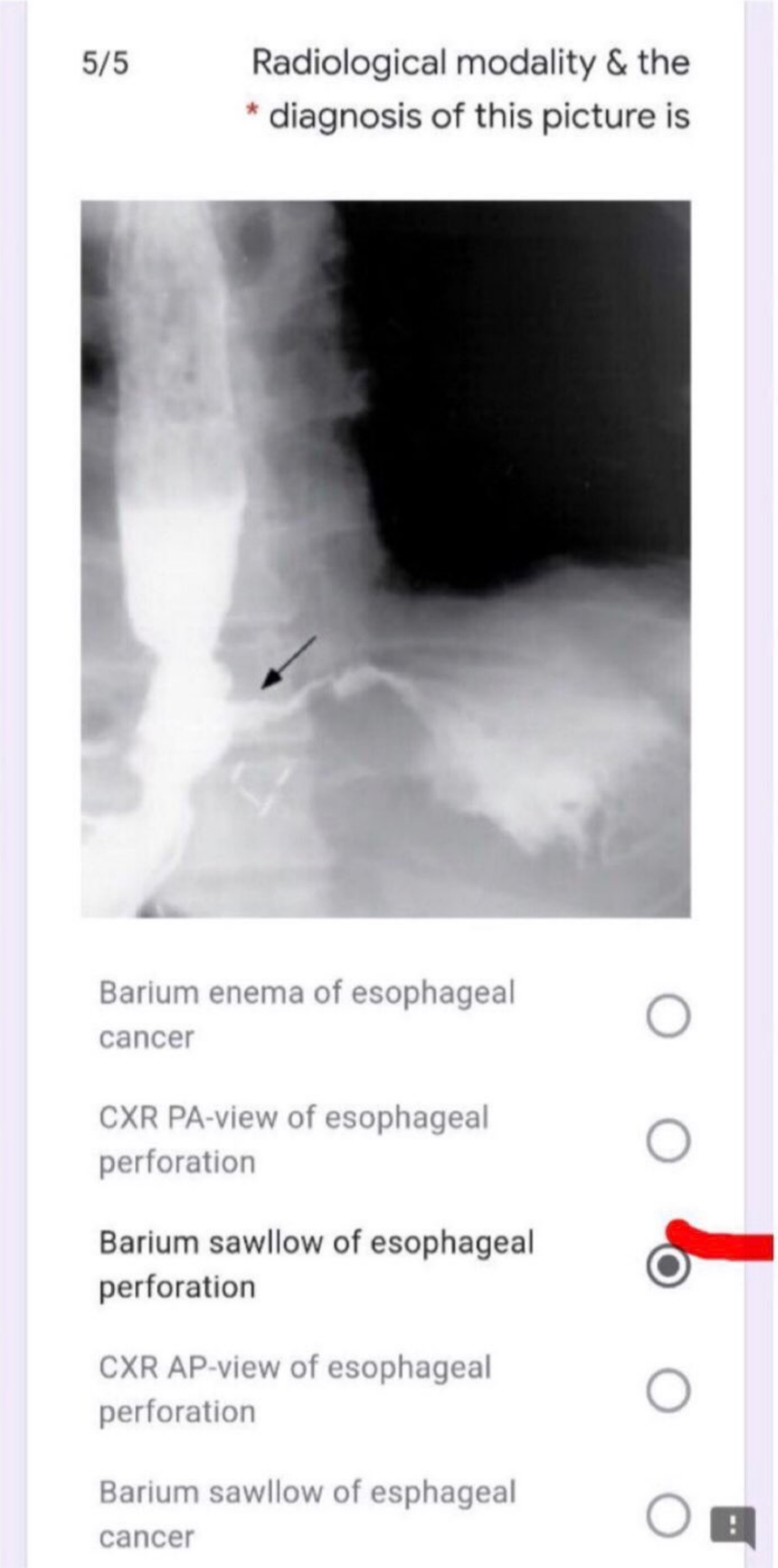
Antibiotics used in the treatment and prophylaxis of surgical infection. Which * ?of the following statements are true

False	True	
○	● ✓	Carbapenems are effective against Gram-positive and .anaerobic organisms
○	● ✓	Quinolones have a limited role in treating surgical .infections
○	● ✓	Aminoglycosides may have ototoxicity and .nephrotoxicity
● ✓	○	Ampicillin and amoxicillin are the antibiotics of choice against Pseudomonas and .Klebsiella
○	● ✓	Benzylpenicillin is the treatment of choice against .Gram-positive organisms



* Surgical site infections

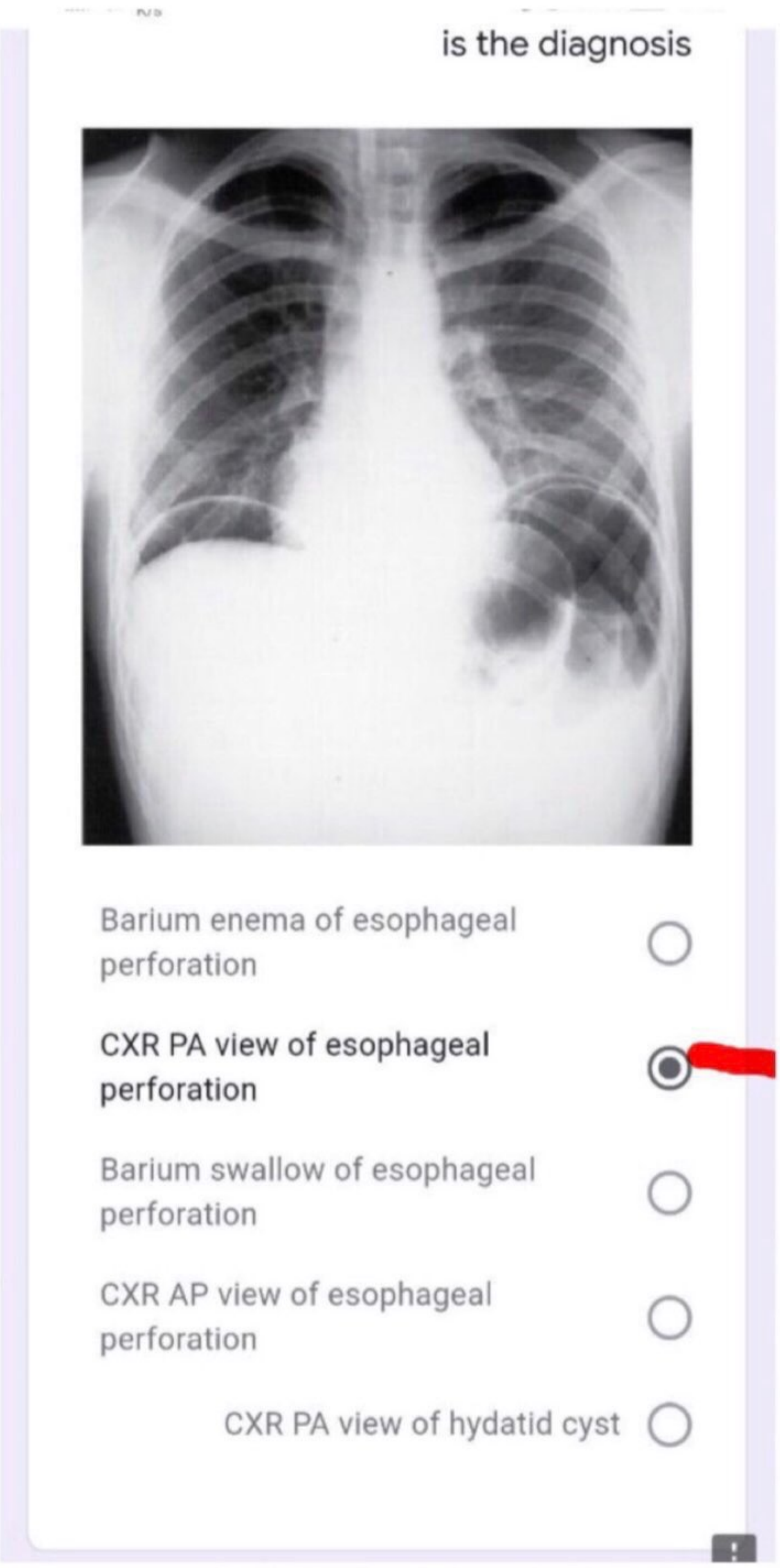
Dirty	Contaminated	Clean contaminated	Clean	
○ ✓	○	○	○	Infection rate less than 40% before prophylactiv antibiotic
○ ✓	○	○	○	pilonidal abscess
○	○ ✓	○	○	pelvic abscess
○	○	○	○ ✓	Hernia
○	○	○ ✓	○	Viscus opened, minimal spillage



5/5 Radiological modality & the

* diagnosis of this picture is

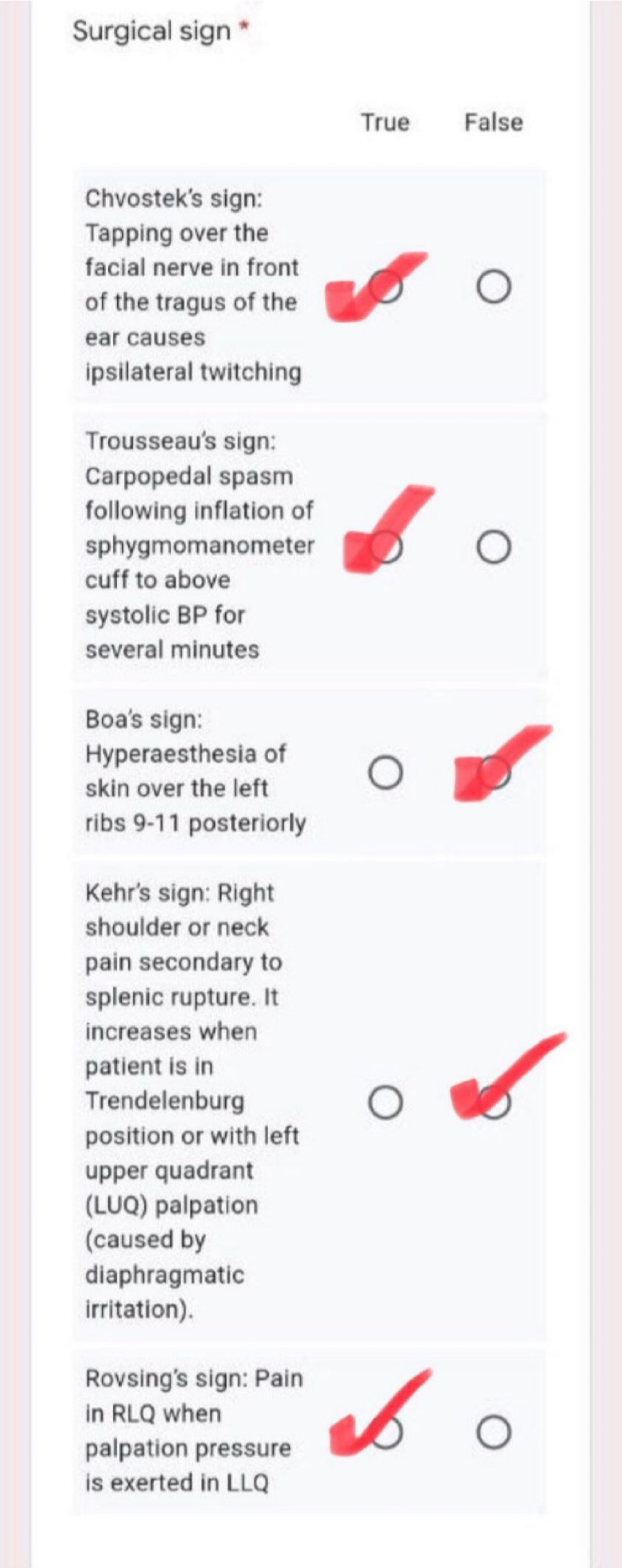
- Barium enema of esophageal cancer ○
- CXR PA-view of esophageal perforation ○
- **Barium sawllow of esophageal perforation** ●
- CXR AP-view of esophageal perforation ○
- Barium sawllow of esphageal cancer ○



is the diagnosis

- Barium enema of esophageal perforation ○
- **CXR PA view of esophageal perforation** ●
- Barium swallow of esophageal perforation ○
- CXR AP view of esophageal perforation ○
- CXR PA view of hydatid cyst ○

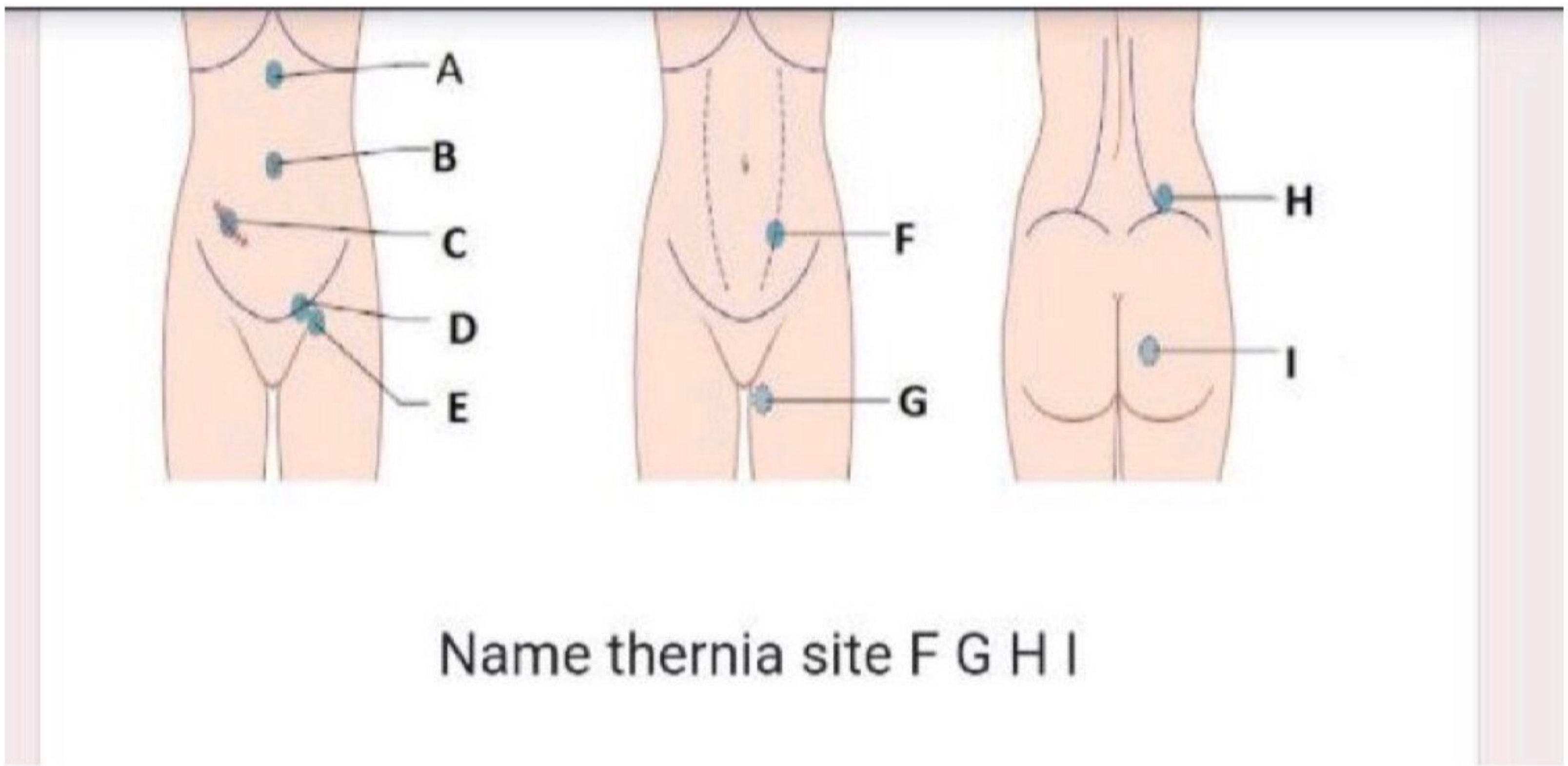
Q3



Surgical sign *

	True	False
Chvostek's sign: Tapping over the facial nerve in front of the tragus of the ear causes ipsilateral twitching	✓	○
Trousseau's sign: Carpopedal spasm following inflation of sphygmomanometer cuff to above systolic BP for several minutes	✓	○
Boa's sign: Hyperaesthesia of skin over the left ribs 9-11 posteriorly	○	✓
Kehr's sign: Right shoulder or neck pain secondary to splenic rupture. It increases when patient is in Trendelenburg position or with left upper quadrant (LUQ) palpation (caused by diaphragmatic irritation).	○	✓
Rovsing's sign: Pain in RLQ when palpation pressure is exerted in LLQ	✓	○

Q8/



Name thernia site F G H I

Answer:

A-Epigastric hernia

B-Umbilical hernia

C-Incisional hernia

D-Inguinal hernia

E-Femoral hernia

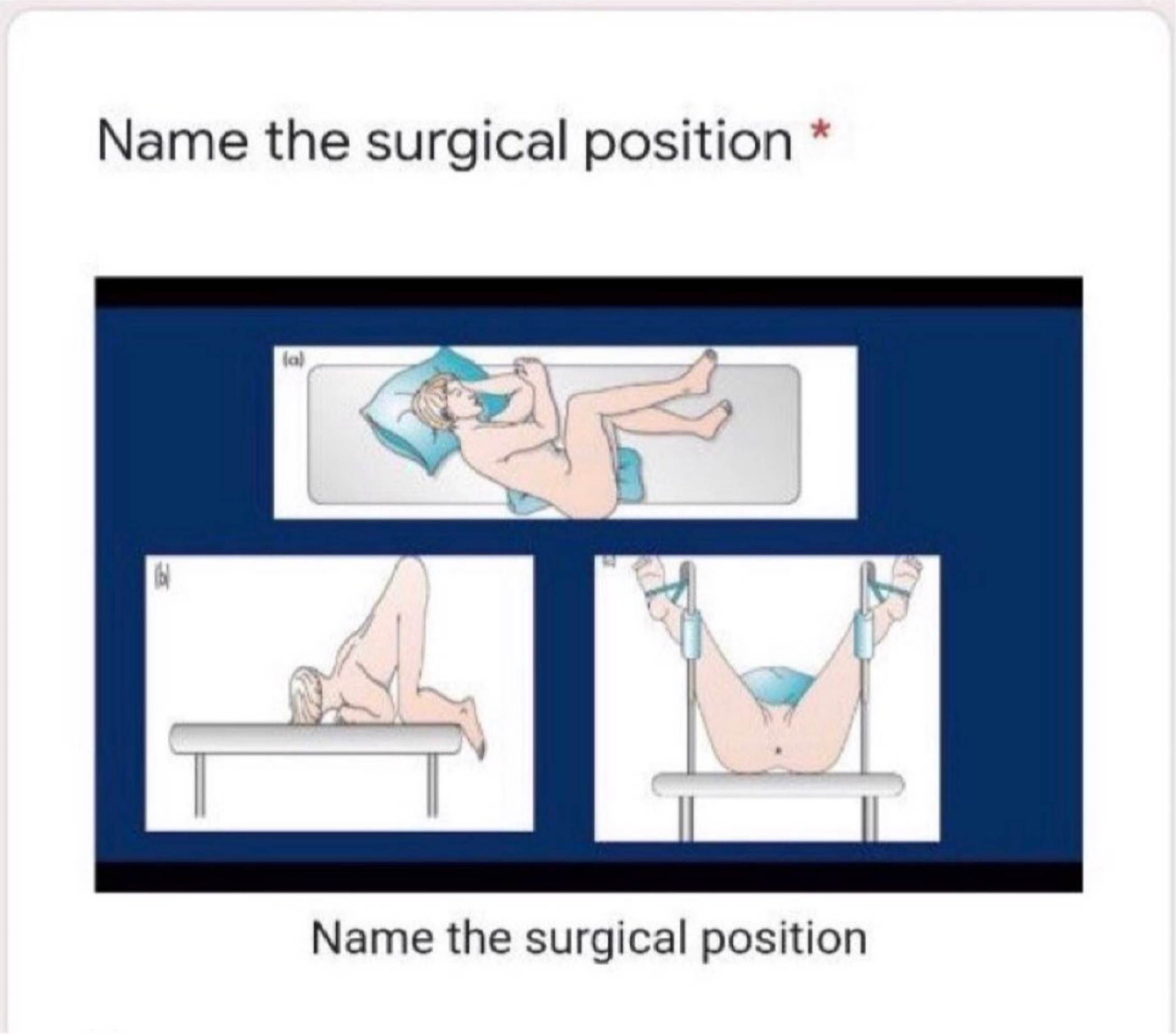
F-Spegilian hernia

G-Obturator hernia

H-Lumbar hernia

I-Gluteal hernia

Q9/



Name the surgical position *

Name the surgical position

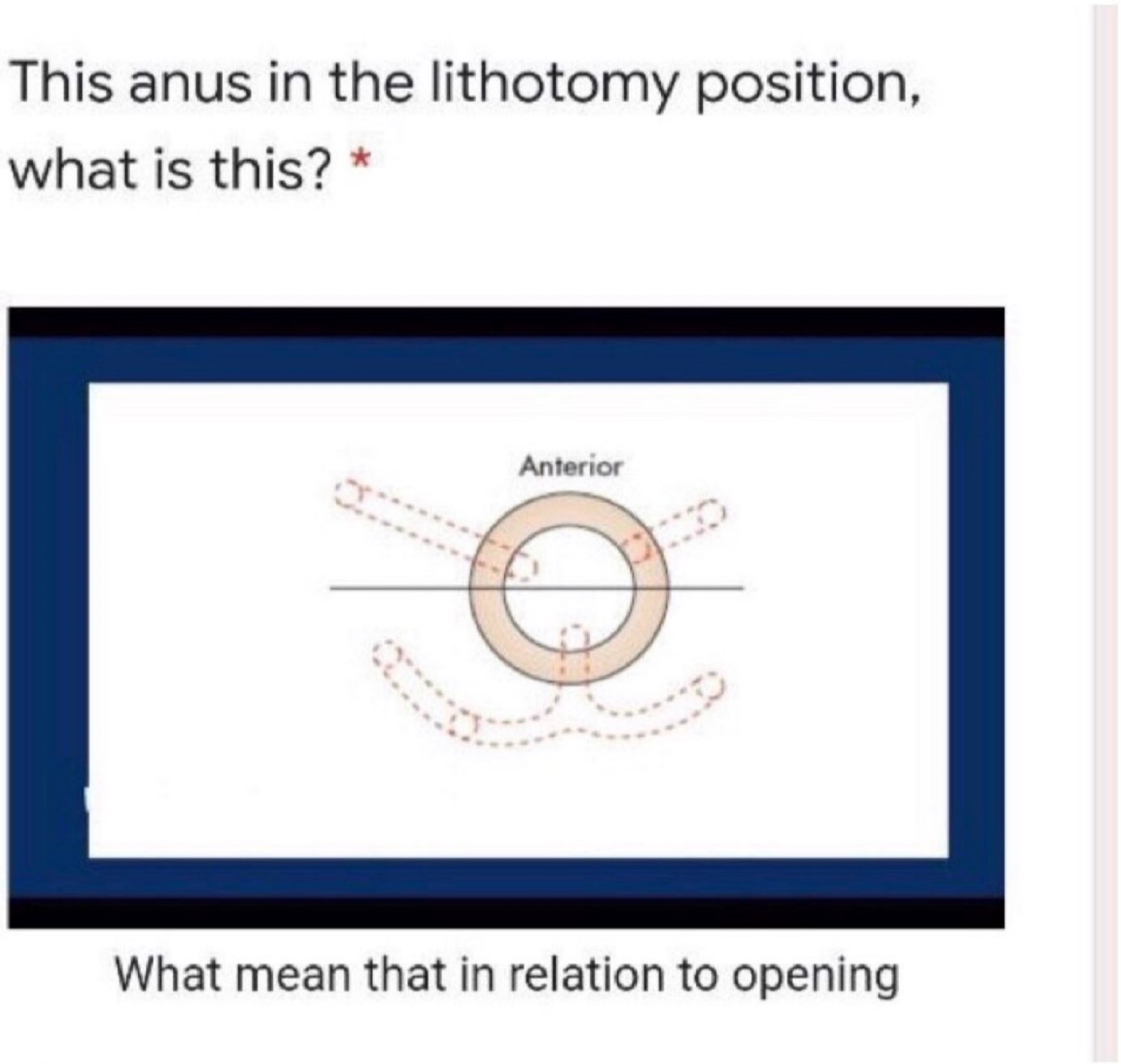
Answer:

A-Left Lateral (sims)position

B-Jackknife(knee elbow)position

C-Lithotomy position

Q10/



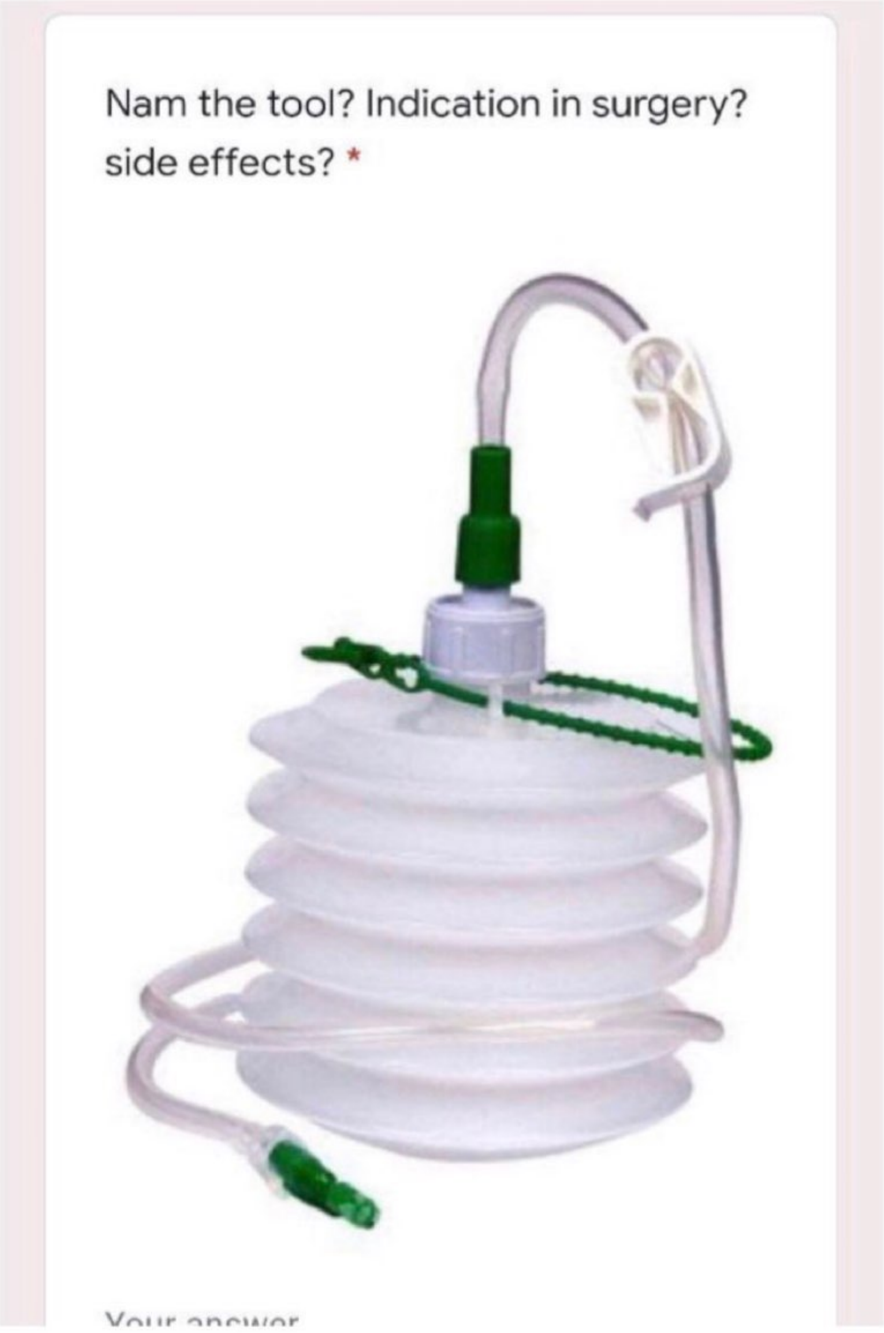
This anus in the lithotomy position, what is this? *

What mean that in relation to opening

Answer:

Goodsall’s rule to determine internal opening according to position of external opening

Q11/



Nam the tool? Indication in surgery? side effects? *

-Ready vac drain

Indications

Used to drain the blood beneath the skin eg. After mastectomy, thyroidectomy Or from deep spaces;Around vascular anastomosis

Side effect

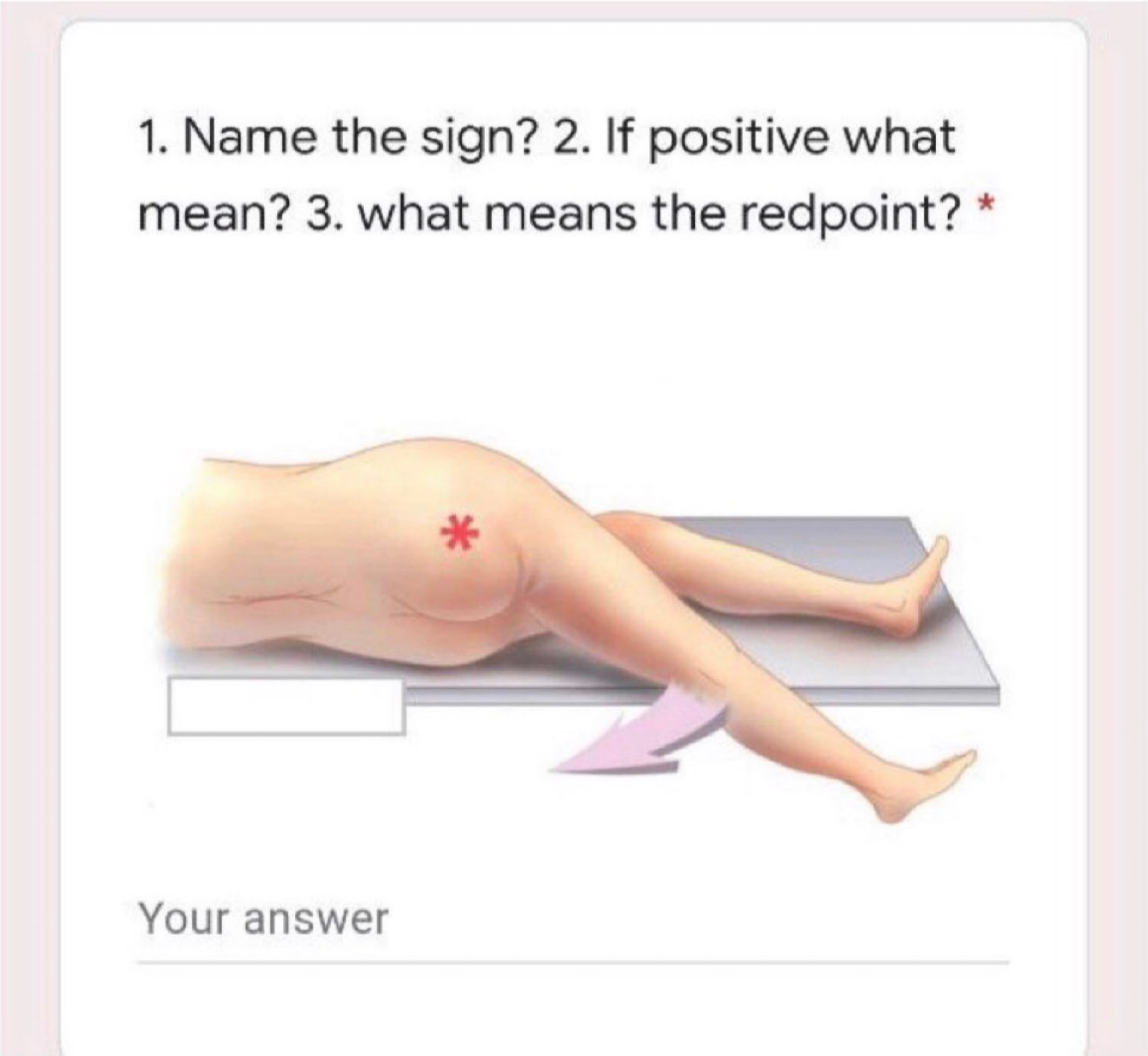
1-infection

2-obstruction

3-malposition

4-injury

Q12/



1. Name the sign? 2. If positive what mean? 3. what means the redpoint? *

Your answer

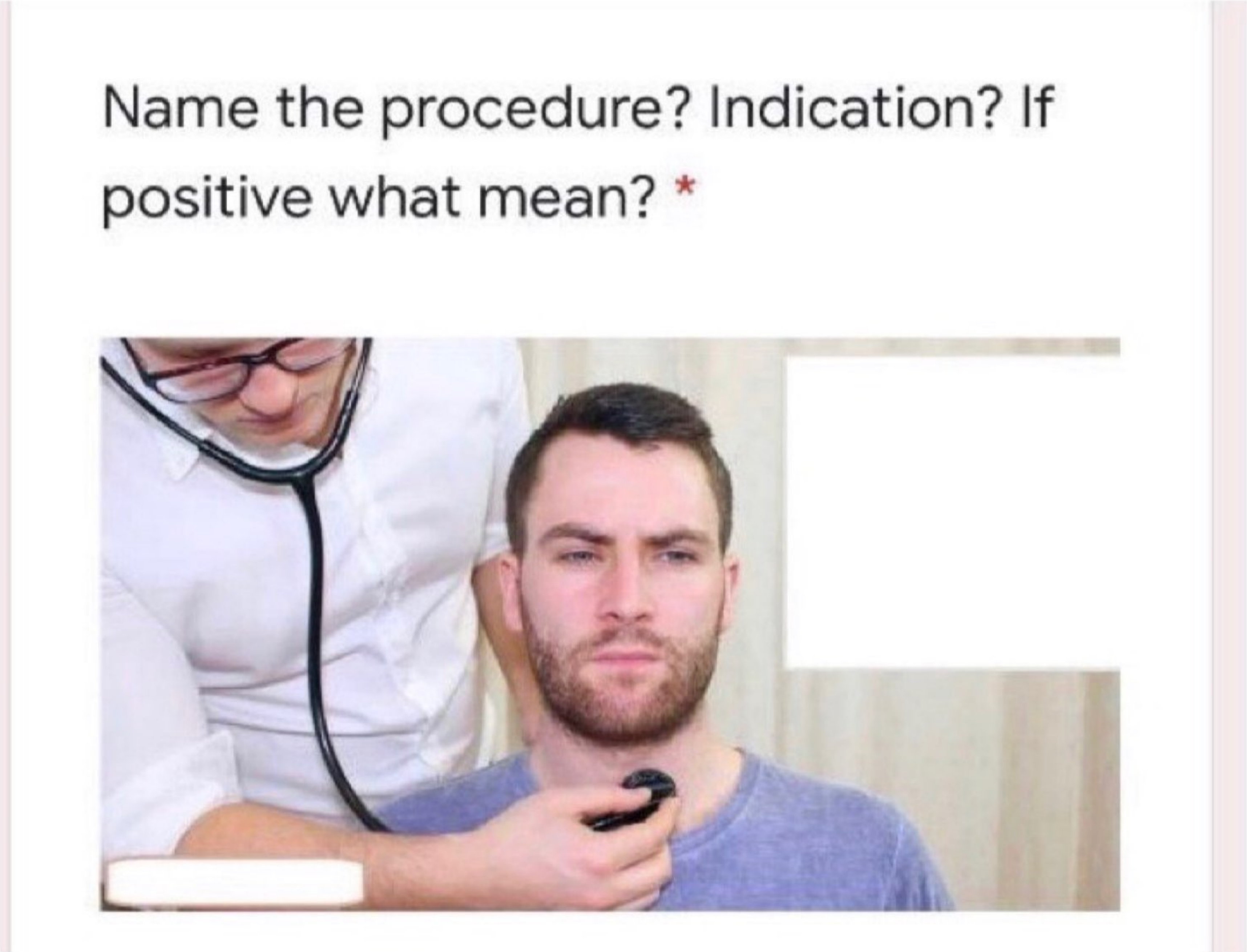
Answer:

1-Psoas sign : pain on passive extension of the right thigh

2-If positive --- inflammation of the appendix (acute appendicitis)

3-Redpoint mean applying counter-resistance to the right hip while the examiner extends patients right thigh.

Q13/



Name the procedure? Indication? If positive what mean? *

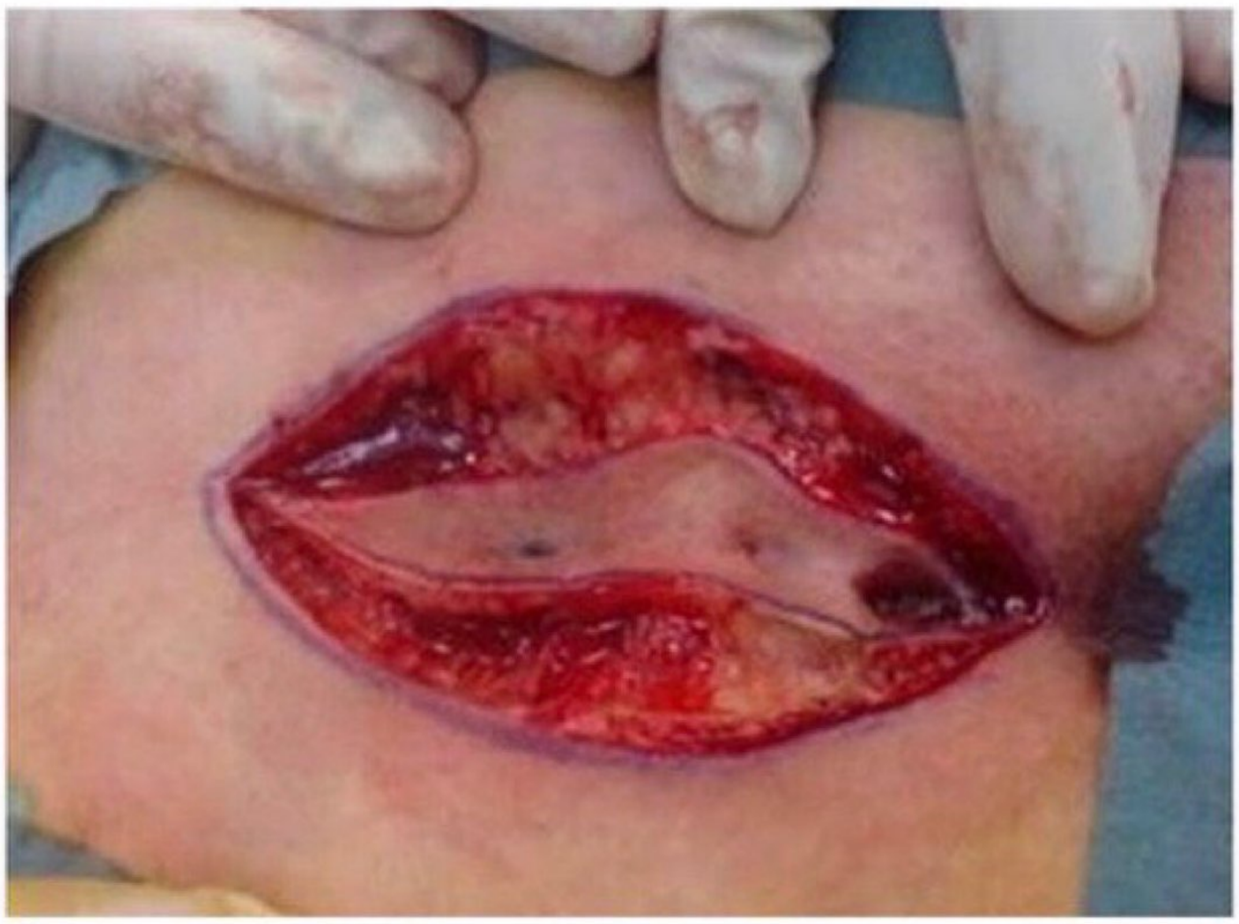
Answer

Auscultation of the thyroid gland

Auscultate each lobe of the thyroid gland for a bruit using the bell of the stethoscope.

A bruit indicates increased vascularity, which typically occurs in Graves’ disease.

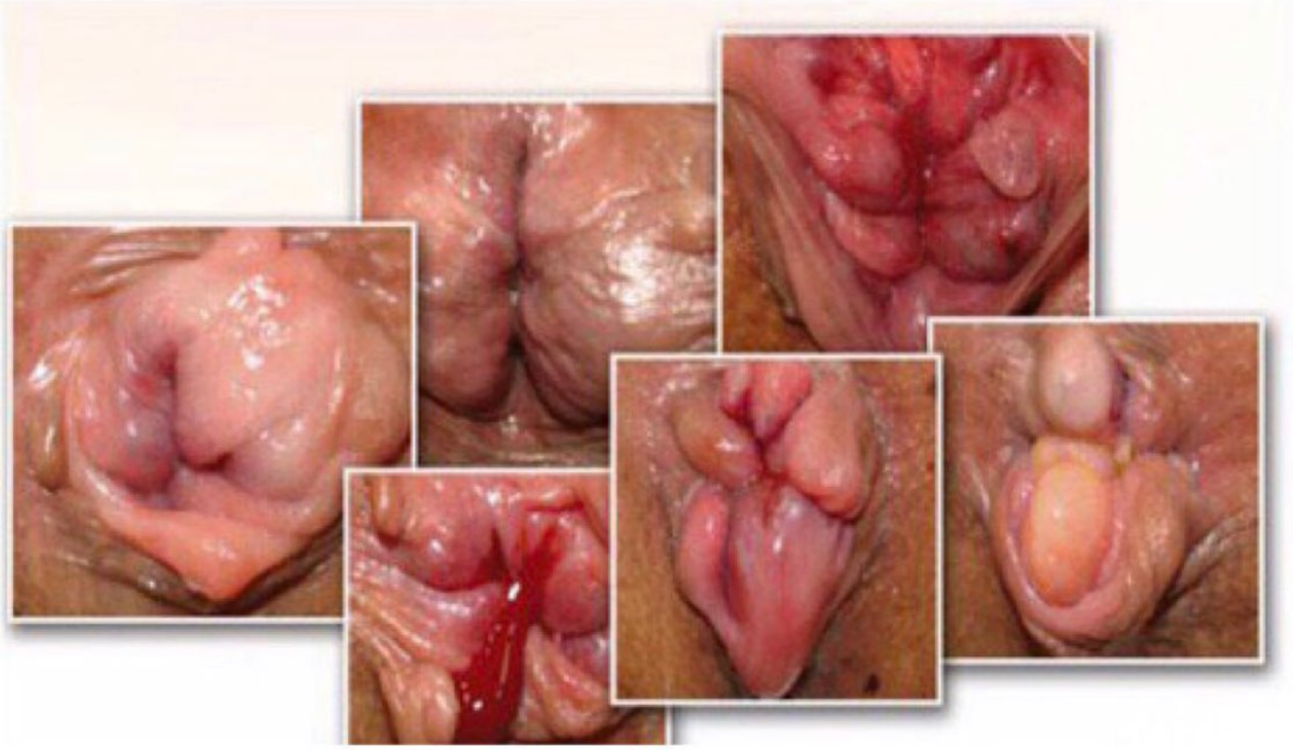
Q1/ Diagnosis?
Name the surgery.



Answer:

-pilonidal sinus
-surgical excision of pionidal sinus

Q2/ Diagnosis?
Memtion 4 late complications.



Answer:

-Heamorrhoid (3rd or 4th degree)

-Late complications

1-Secondary haemorrhage

2-Anal stricture

3-Anal fissure

4-Incontinence

Complications of haemorrhoids:

-Strangulation
-Thrombosis
-Ulceration
-Gangrene
-Portal pyemia
-Fibrosis

Q4/ Name the test.

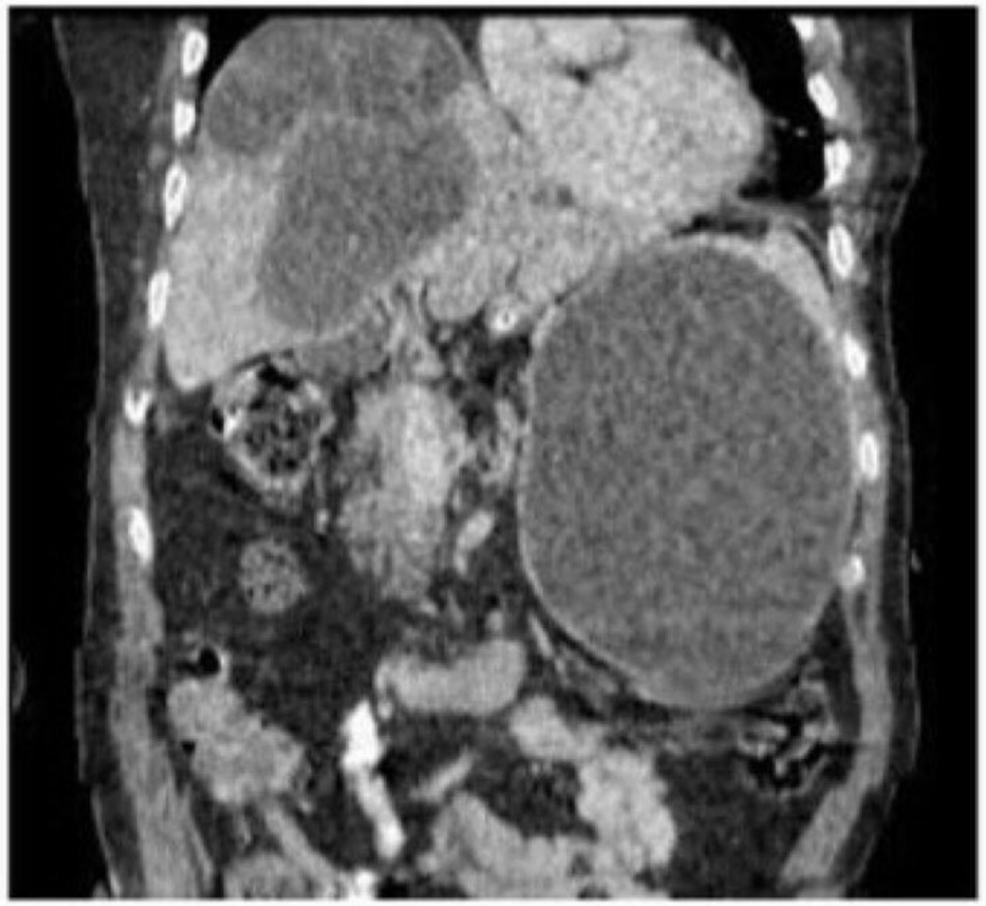
Describe the diagnosis.

Answer:

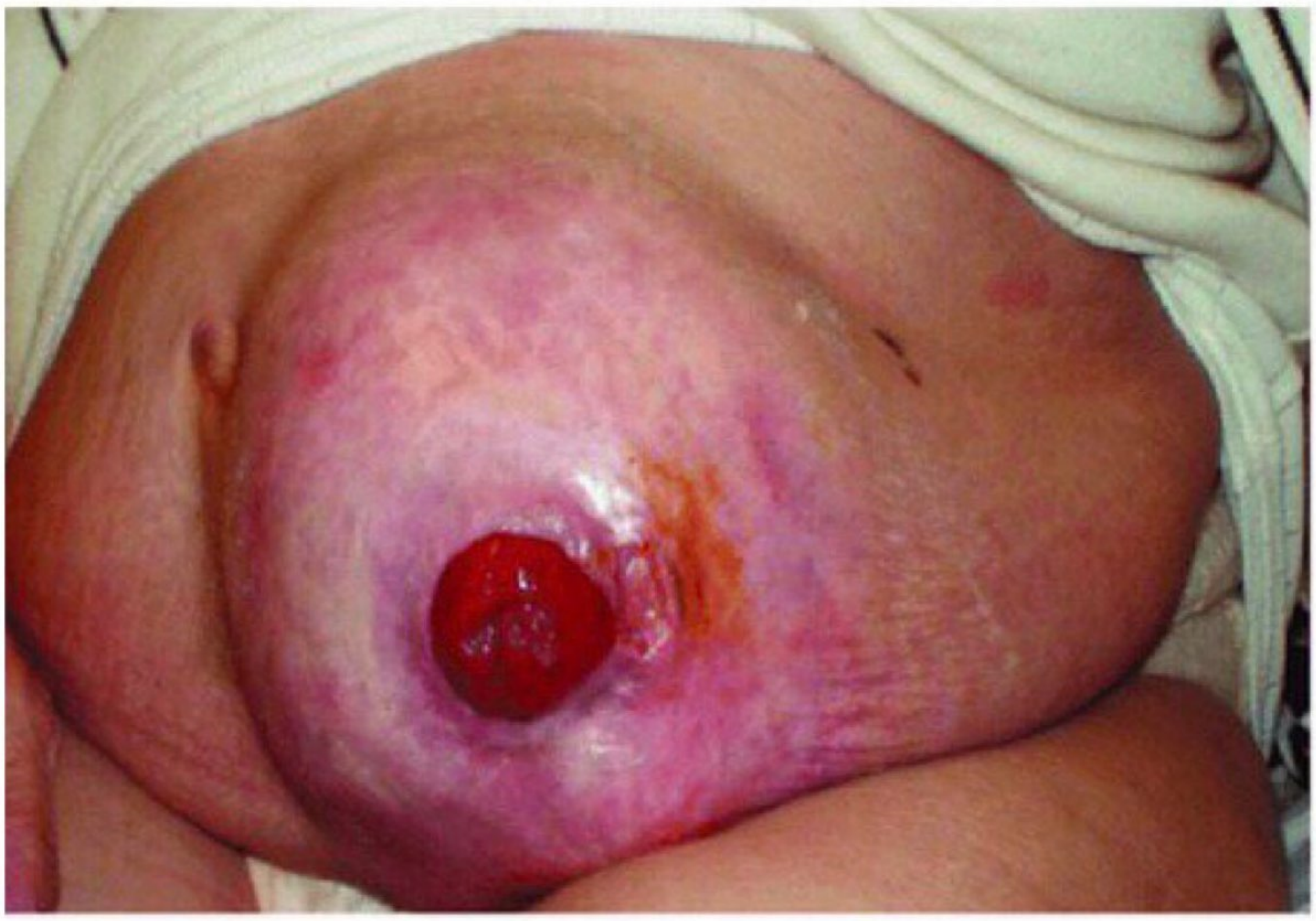
1- CT scan coronal view

2- large homogeneous cystic mass in the spleen and liver

3- hydatid disease



Q5/ Describe? Mention 2 complications in the pcture



Answer:

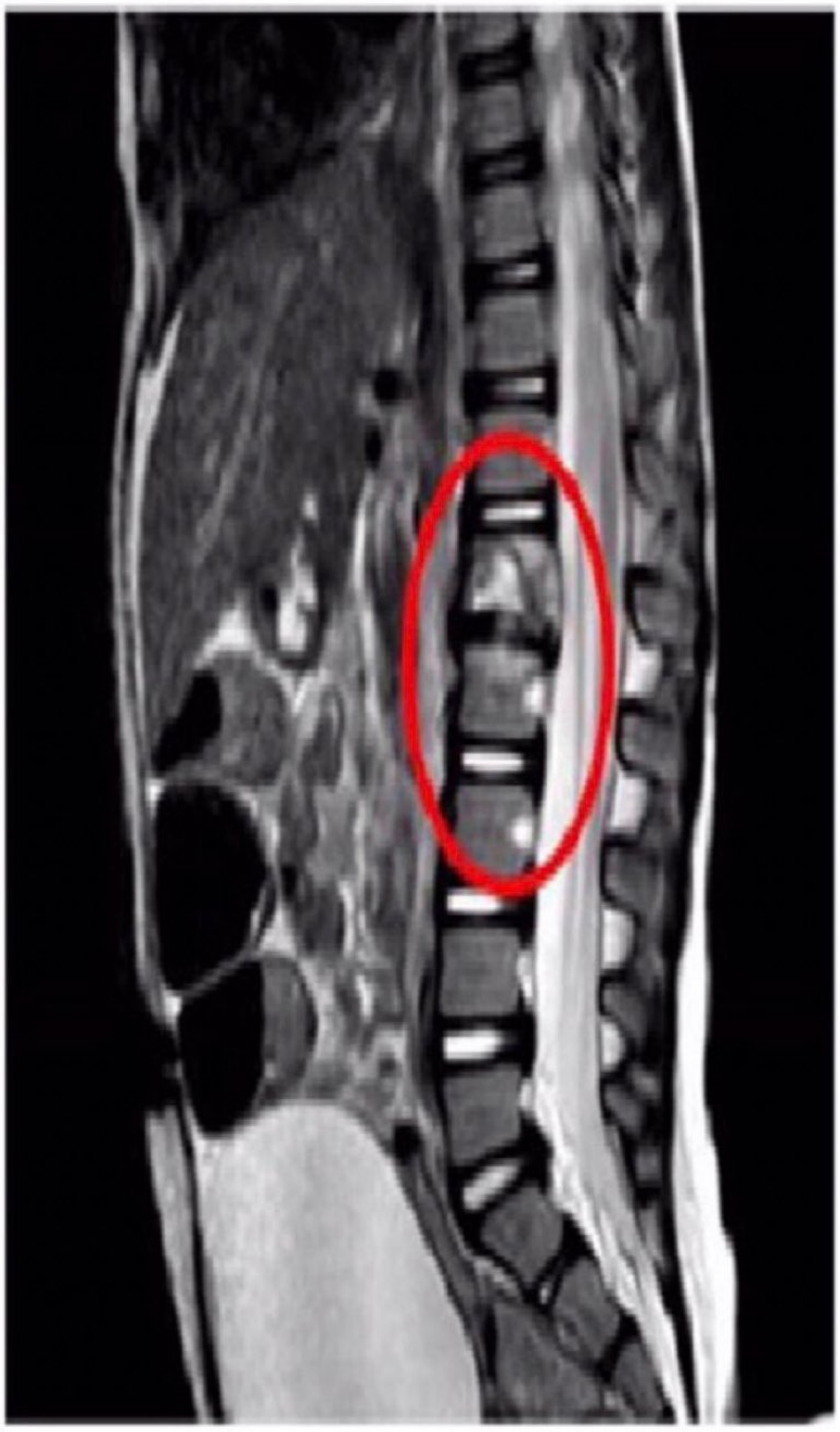
This picture shows a stoma with bulging andredness of the skin over the surrounding area.

complications in this picture are

1. skin Irritation.
2. parastomal hernia

Q6/

A 35-year-old male presented with back pain, lassitude and fever. A swelling may point to the groin as it tracks along with iliopsoas



1-Name the radiological test

2-Diagnosis?

3-Finding?

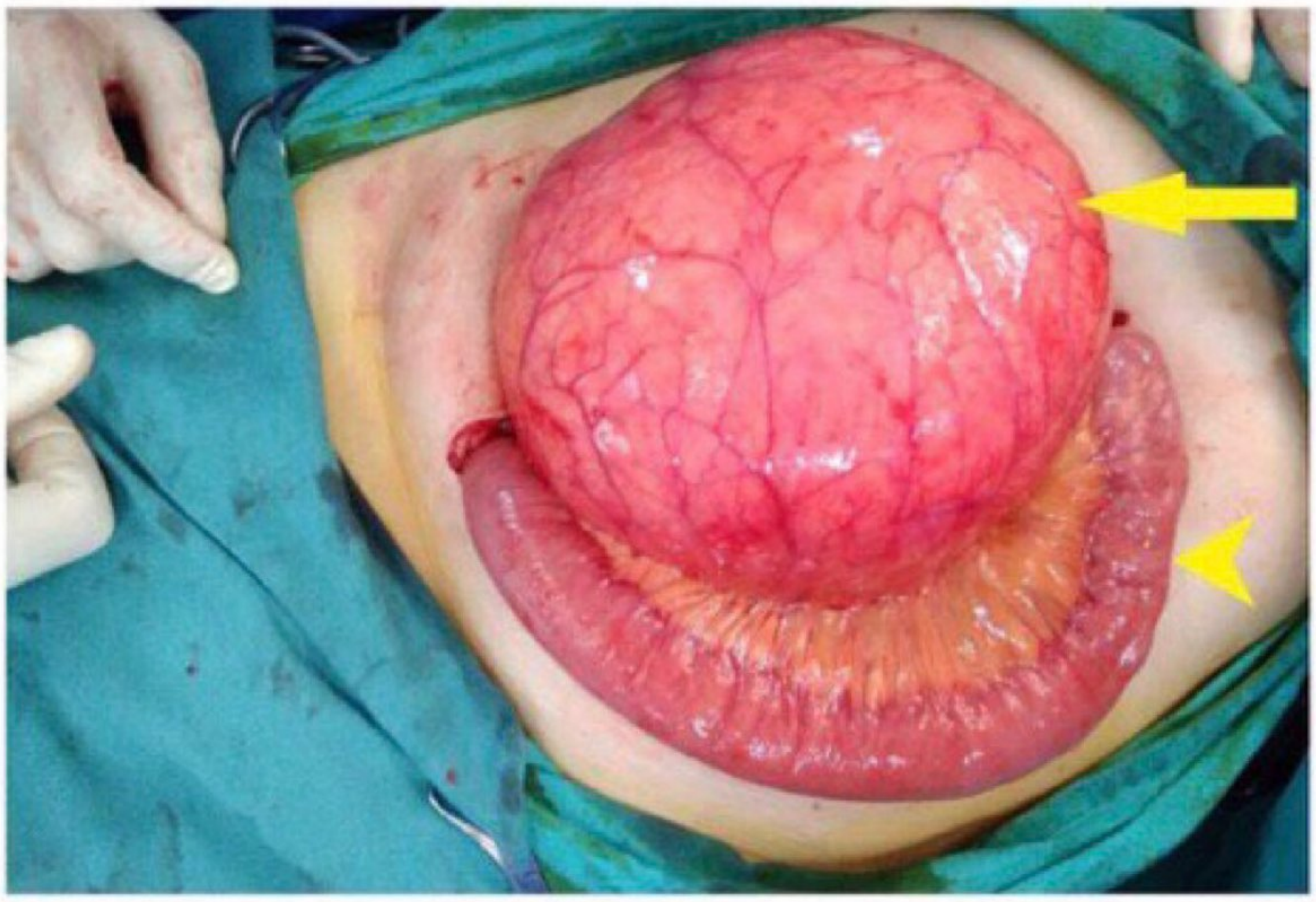
Answer:

1-MRi

2- pott's disease of lumbar spine

3- magnetic resonance of the spine (Fig. 1) showed an extended L1 spondylodiscitis with initial involvement of the upper part of L2

Q7/ Describe? Name the yellow arrows? Diagnosis?



Answer:

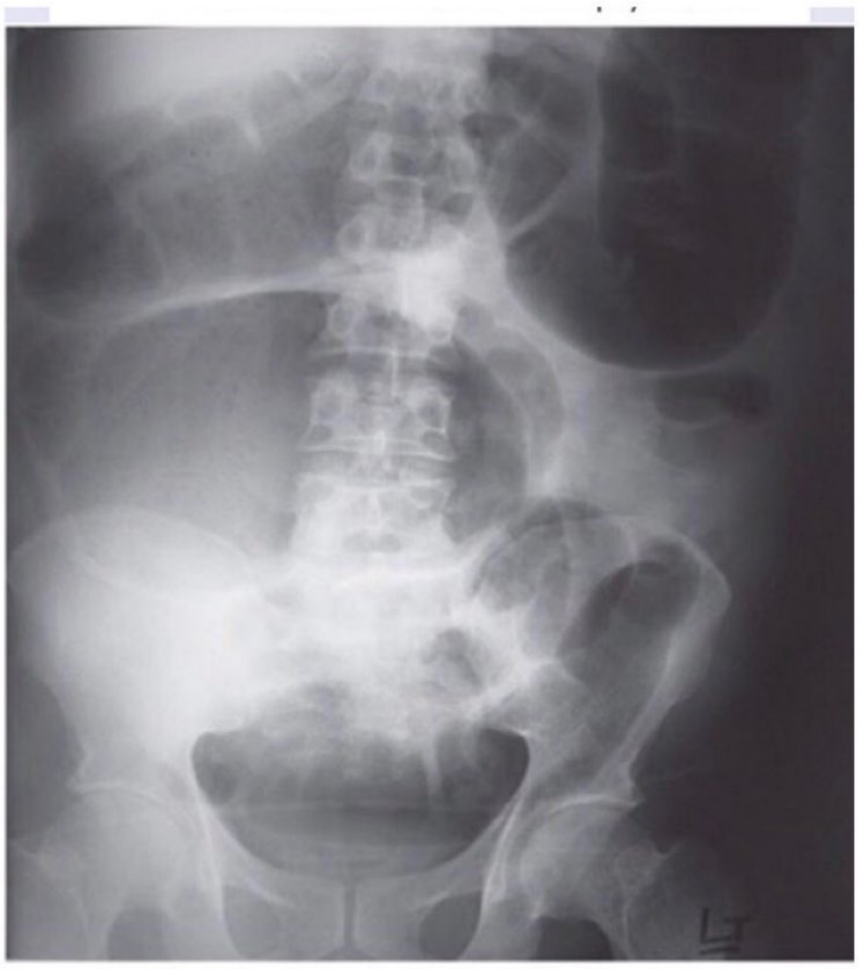
Laparotomy shows small intestine and its mesentery with large smooth, mobile, spherical swelling in the centre of the abdomen, red to pink in color attached to the mesentry of small intestin

-Mesenteric cyst

Q8/ A 60-year-old man on the orthopaedic ward. He had a hemiarthroplasty of his right hip 6 days earlier. now developed significant abdominal distension. He has not opened his bowels or passed flatus in the last 4 days. His previous medical history includes treatment for a transitional cell carcinoma of the bladder and an appendicectomy. The abdomen is resonant to percussion and a few bowel sounds are heard. There are no hernias, and digital rectal examination reveals an empty rectum

1.What is the diagnosis?

2.What does conservative treatment consist of?



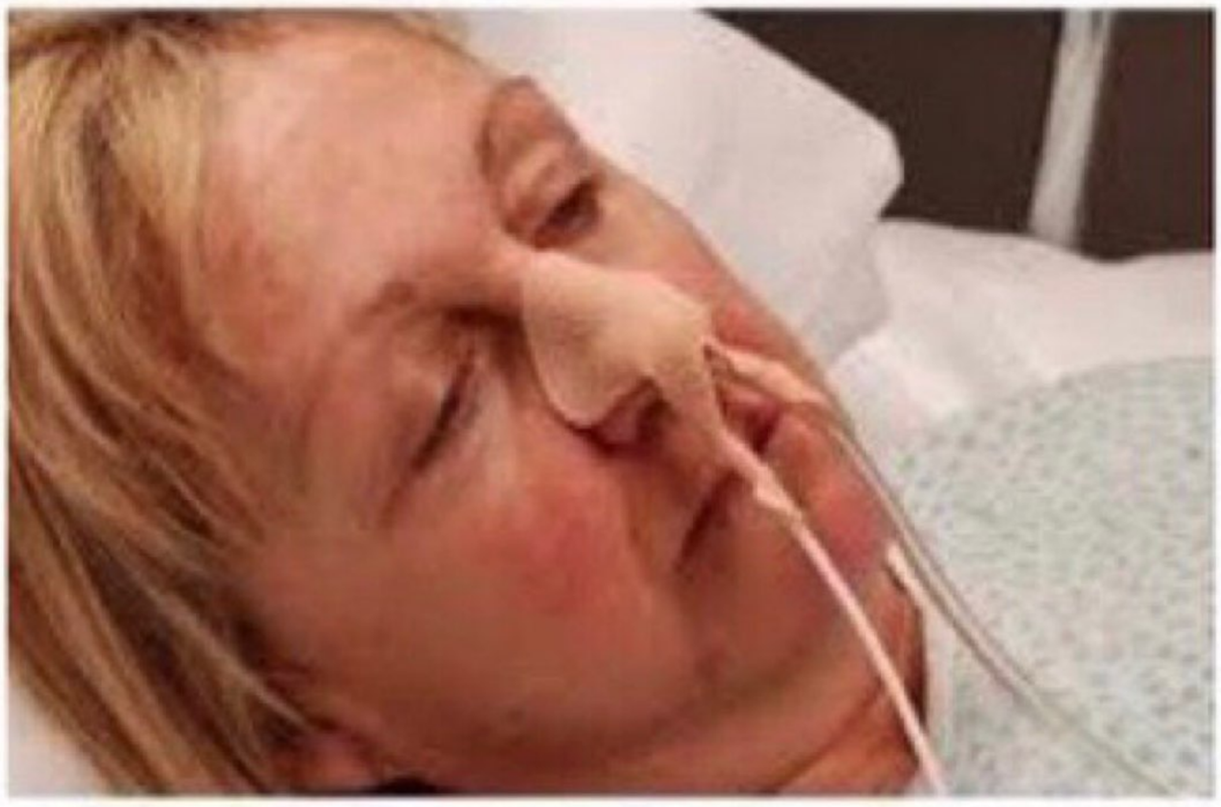
Answer:

I. Large-bowel obstruction.

2. Conservative treatment involves keeping the patient nil by mouth, intravenous fluids and nasogastric decompression. A flatus tube can be placed by rigid sigmoidoscopy to relieve some of the distension. Decompression is more effectively achieved by colonoscopy. Fluid and electrolyte abnormalities should be corrected and drugs affecting colonic motility discontinued, e.g. opiates.

Q9/

Name this procedure? Mention 2 complications ? Mention 2 indications?



Answer:

-Nasogatric intubation

-Complications:

1-gagging or vomiting

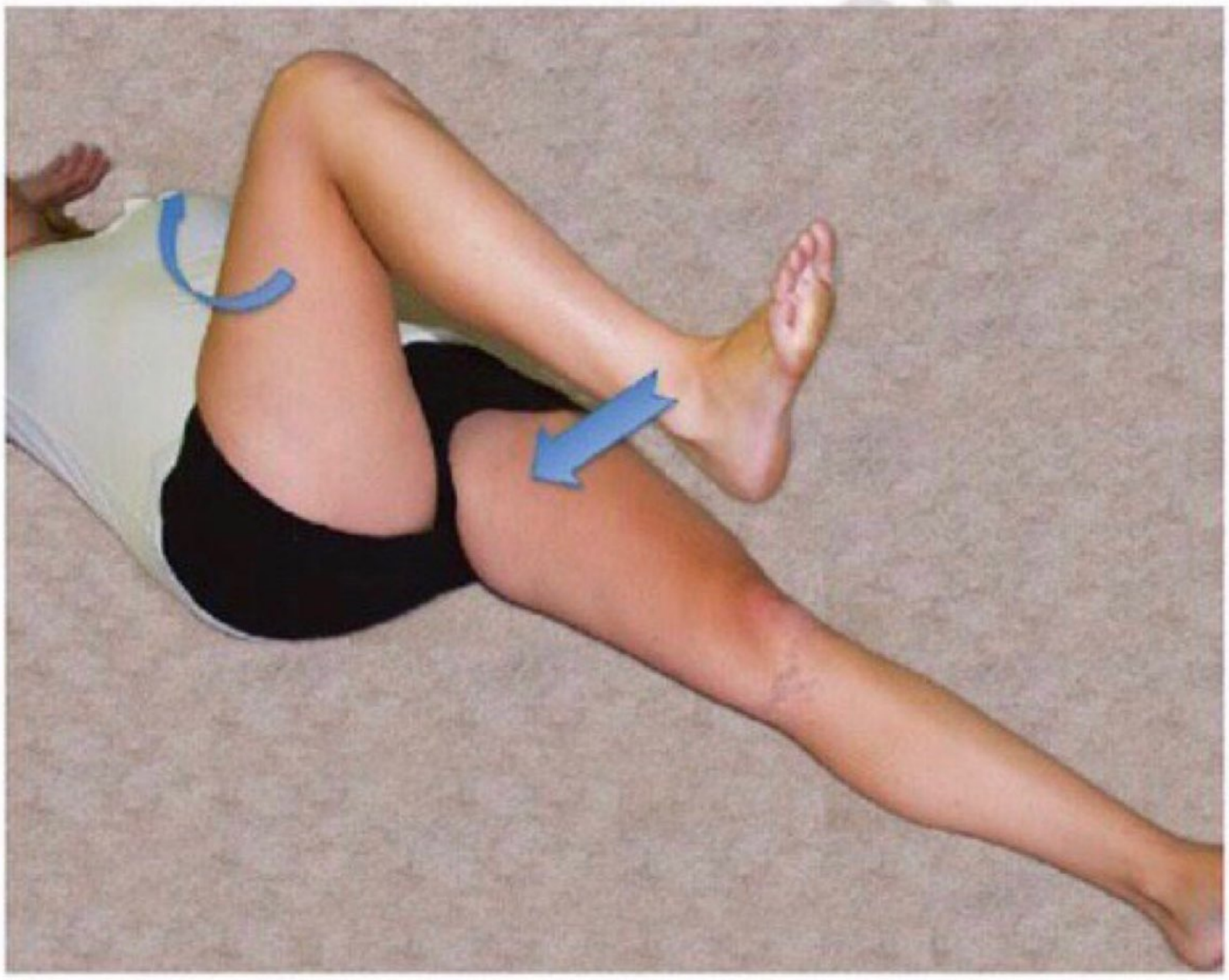
2-trauma to the pharynx and esophagus

-Indication:

-feeding purposes/acute

-intestinal obstruction

Q10/ Defined the procedure? One indication? If positive what mean?



Obturator test /the patient lying supine with the knee and hip both flexed at ninety degree and the examiner internally rotate the hip

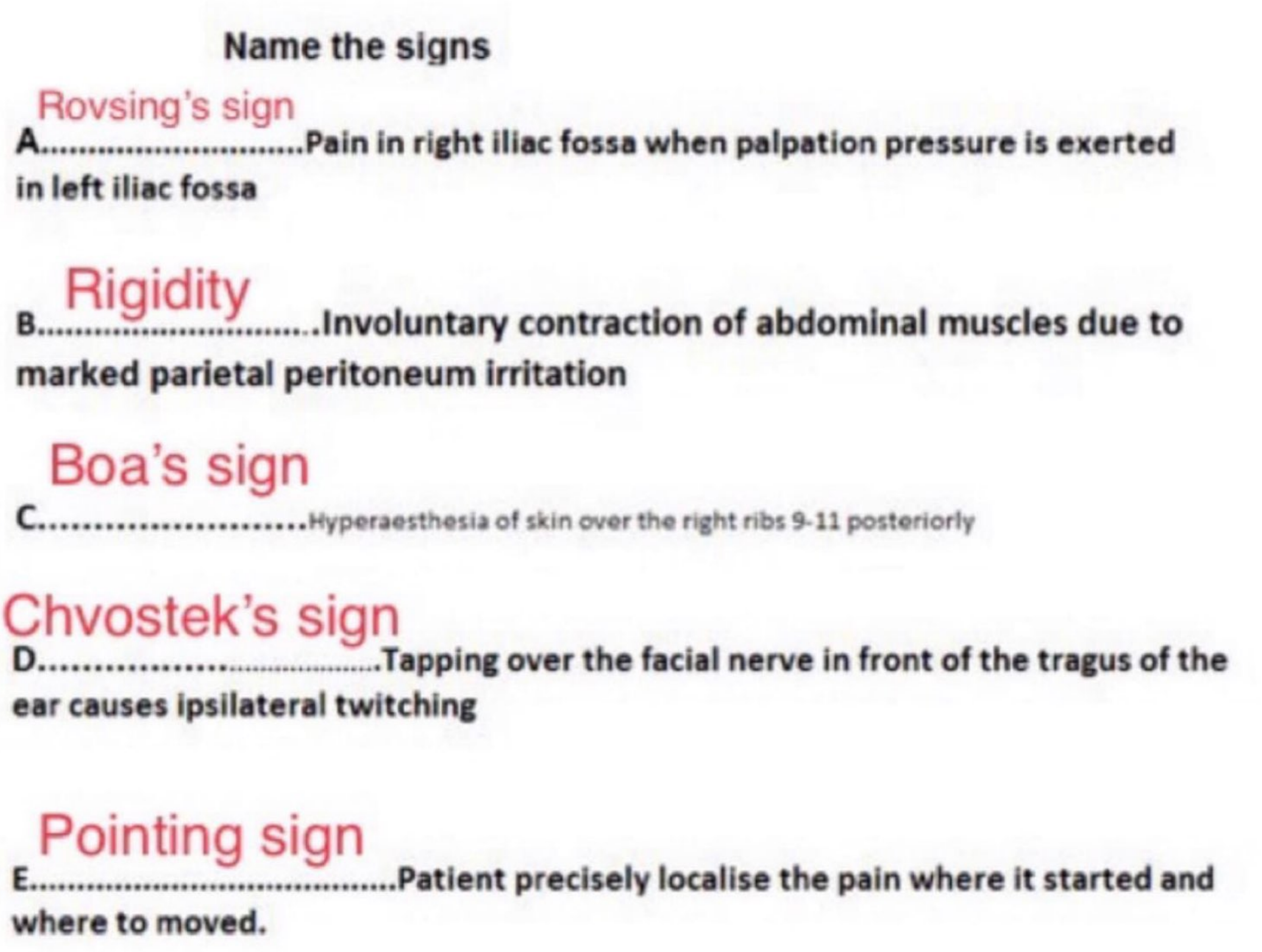
If positive pain in the right lower quadrant it mean that inflamed appendix in contact with the obturator internus(pelvic position)

Indication when acute appendicitis is suspected

Q14/

5 نقاط

* Fill in blanks? A B C D E



Name the signs

Rovsing's sign
A............................Pain in right iliac fossa when palpation pressure is exerted in left iliac fossa

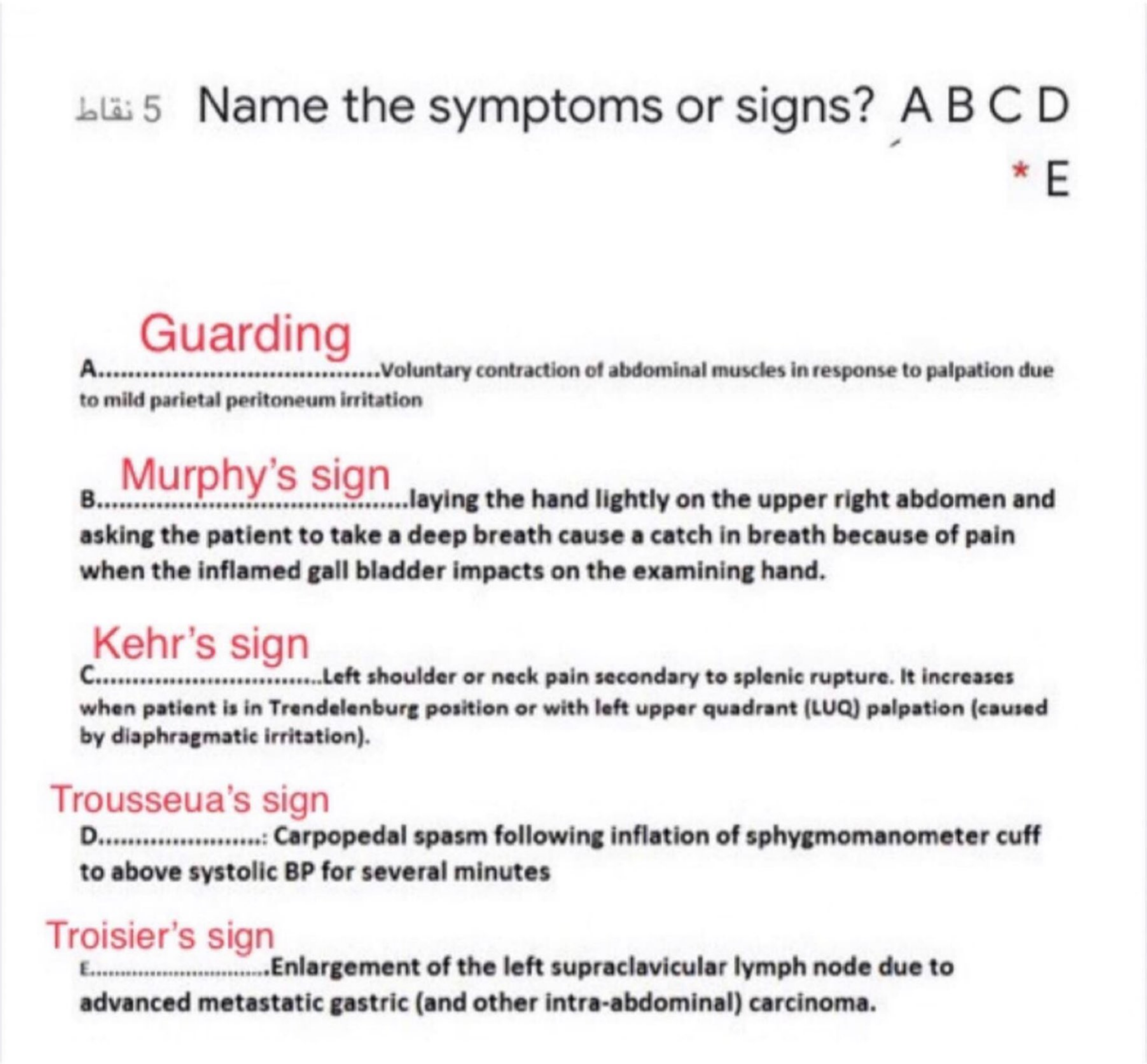
Rigidity
B...............................Involuntary contraction of abdominal muscles due to marked parietal peritoneum irritation

Boa's sign
C.......................Hyperaesthesia of skin over the right ribs 9-11 posteriorly

Chvostek's sign
D.......................................Tapping over the facial nerve in front of the tragus of the ear causes ipsilateral twitching

Pointing sign
E.......................................Patient precisely localise the pain where it started and where to moved.

Q15/



5 نقاط Name the symptoms or signs? A B C D * E

Guarding

A......................................Voluntary contraction of abdominal muscles in response to palpation due to mild parietal peritoneum irritation

Murphy's sign

B..laying the hand lightly on the upper right abdomen and asking the patient to take a deep breath cause a catch in breath because of pain when the inflamed gall bladder impacts on the examining hand.

Kehr's sign

C...............................Left shoulder or neck pain secondary to splenic rupture. It increases when patient is in Trendelenburg position or with left upper quadrant (LUQ) palpation (caused by diaphragmatic irritation).

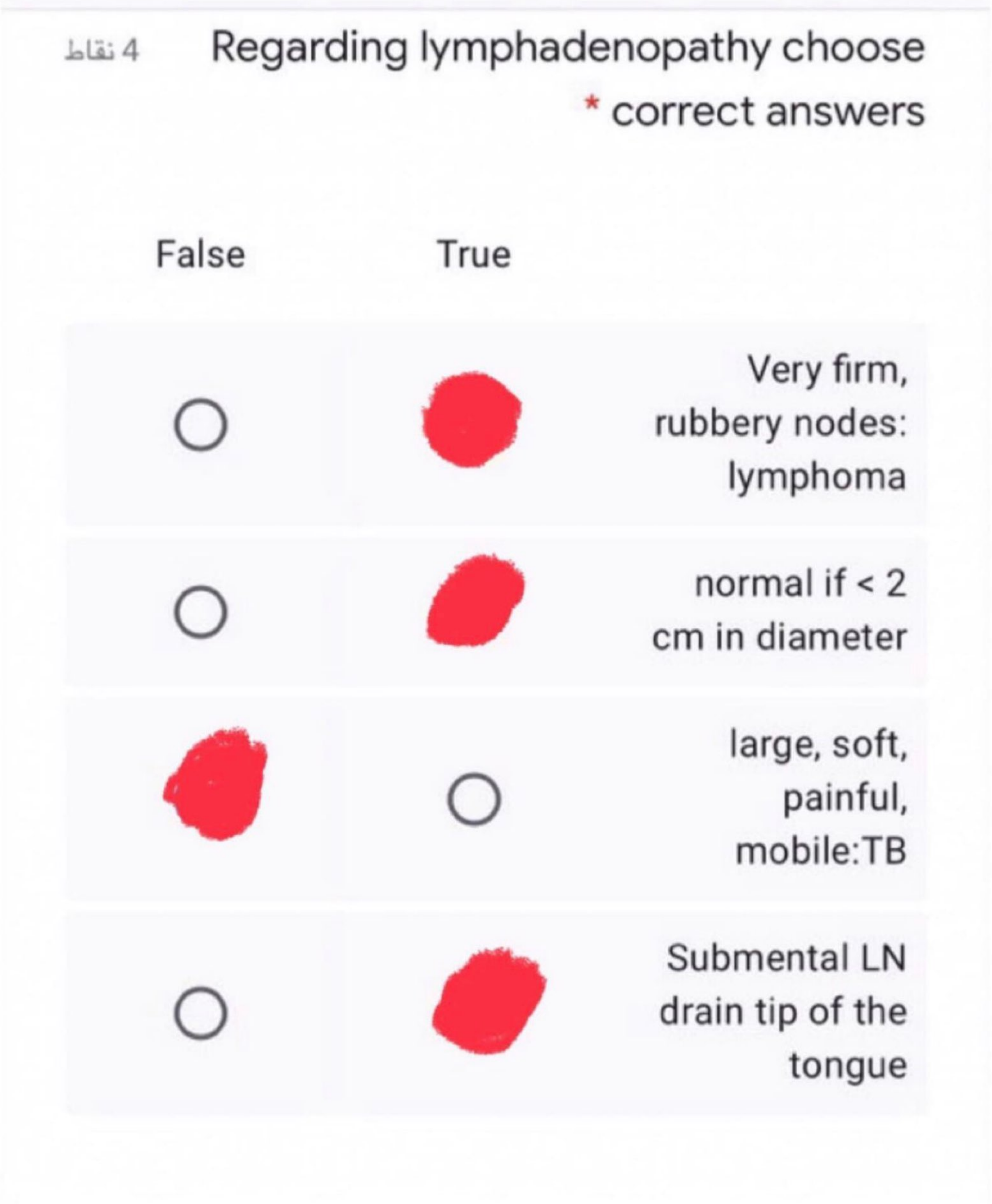
Trousseua's sign

D......................: Carpopedal spasm following inflation of sphygmomanometer cuff to above systolic BP for several minutes

Troisier's sign

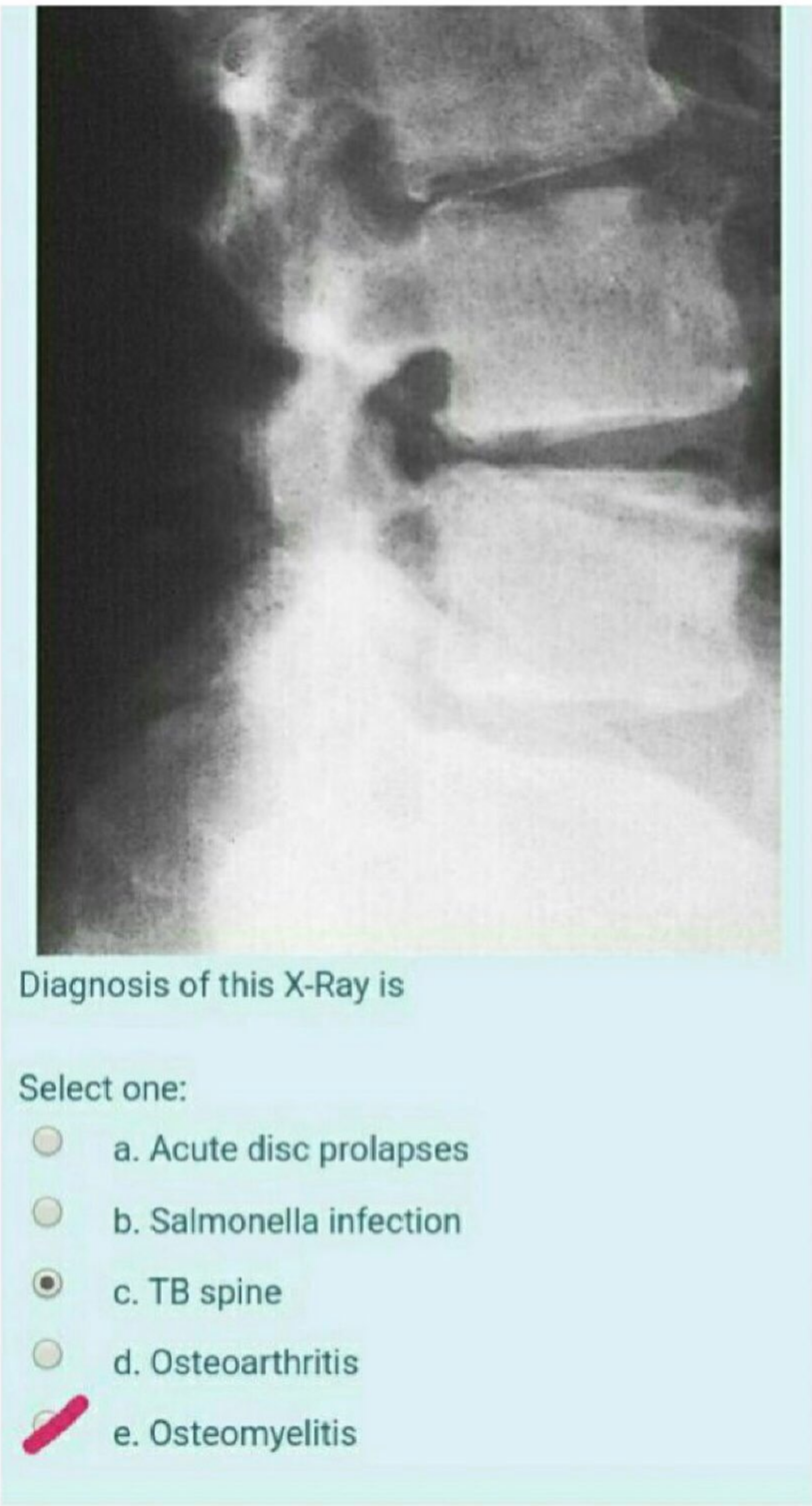
E............................Enlargement of the left supraclavicular lymph node due to advanced metastatic gastric (and other intra-abdominal) carcinoma.

Q16/



4 نقاط Regarding lymphadenopathy choose correct answers *

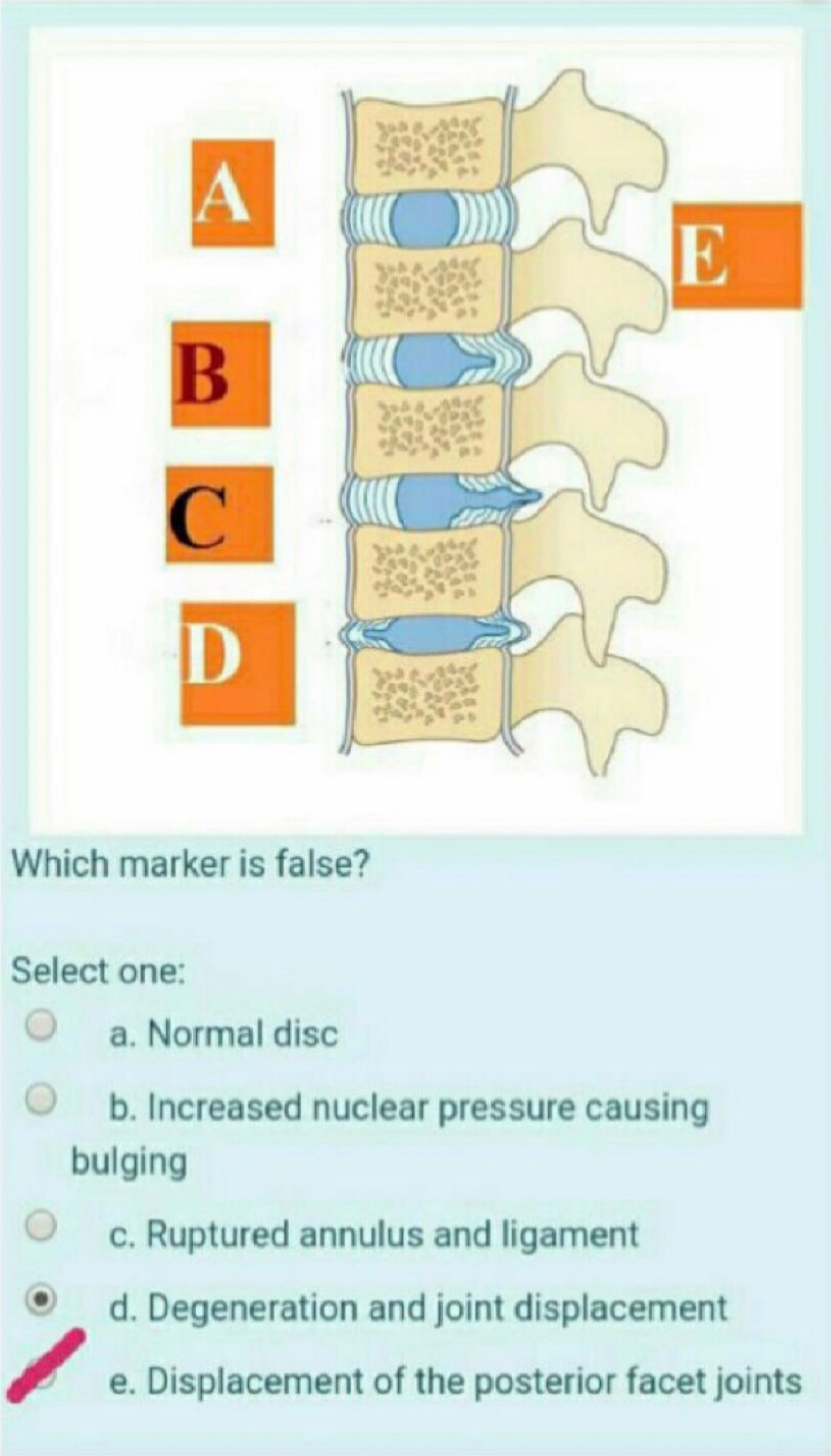
False	True	
○	●	Very firm, rubbery nodes: lymphoma
○	●	normal if < 2 cm in diameter
●	○	large, soft, painful, mobile:TB
○	●	Submental LN drain tip of the tongue



Diagnosis of this X-Ray is

Select one:

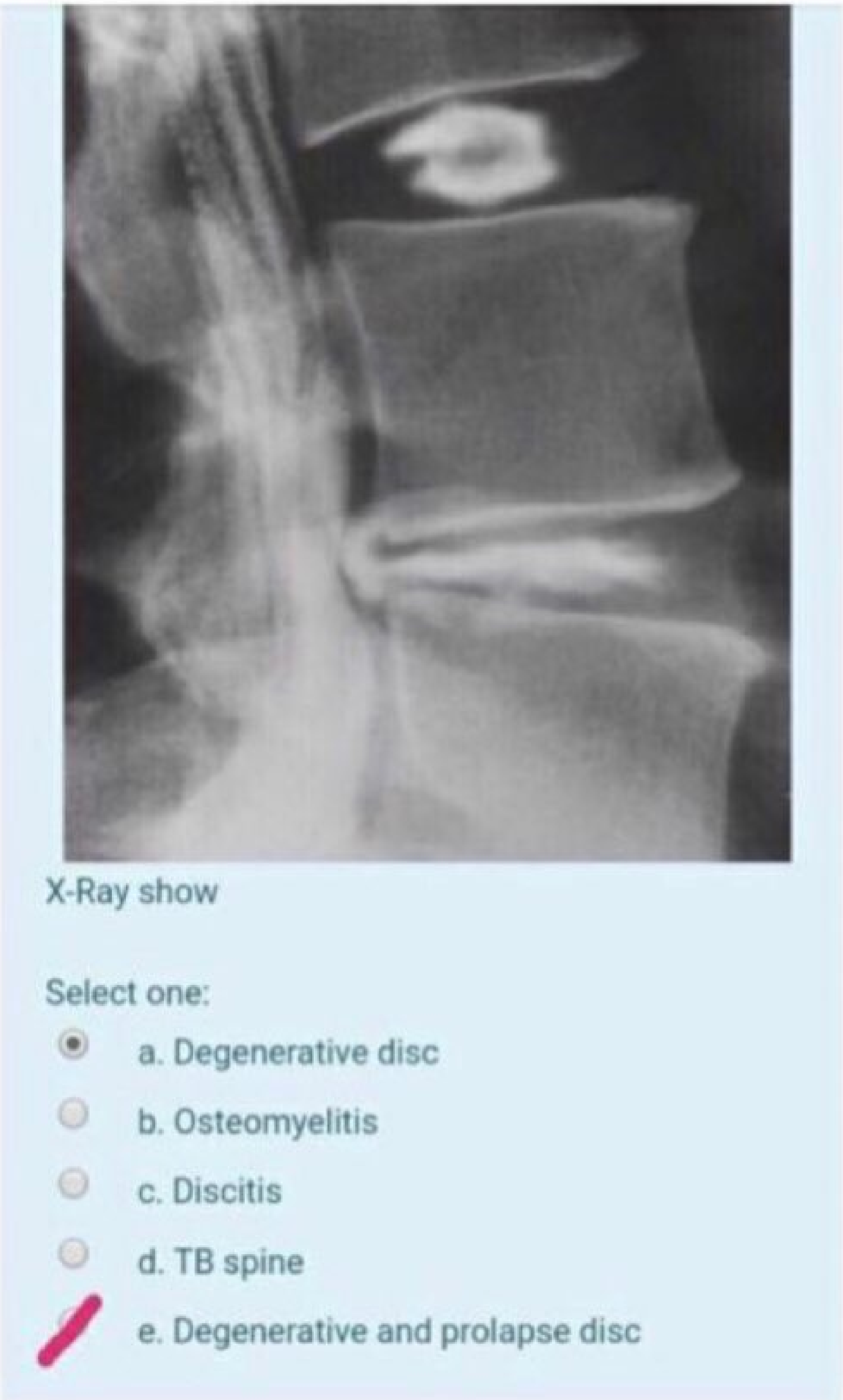
- ○ a. Acute disc prolapses
- ○ b. Salmonella infection
- ● c. TB spine
- ○ d. Osteoarthritis
- ✓ e. Osteomyelitis



Which marker is false?

Select one:

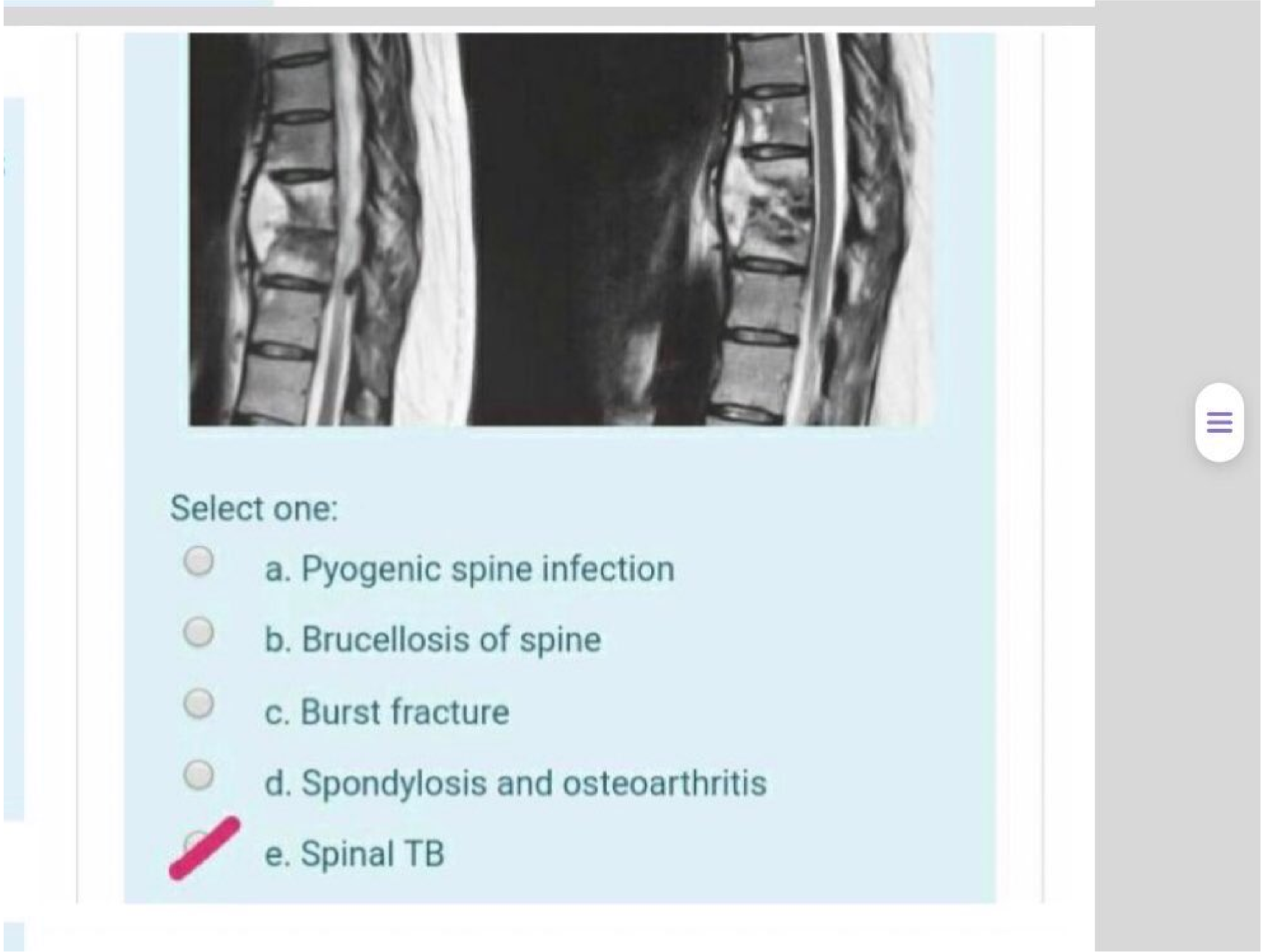
- ○ a. Normal disc
- ○ b. Increased nuclear pressure causing bulging
- ○ c. Ruptured annulus and ligament
- ● d. Degeneration and joint displacement
- ✓ e. Displacement of the posterior facet joints



X-Ray show

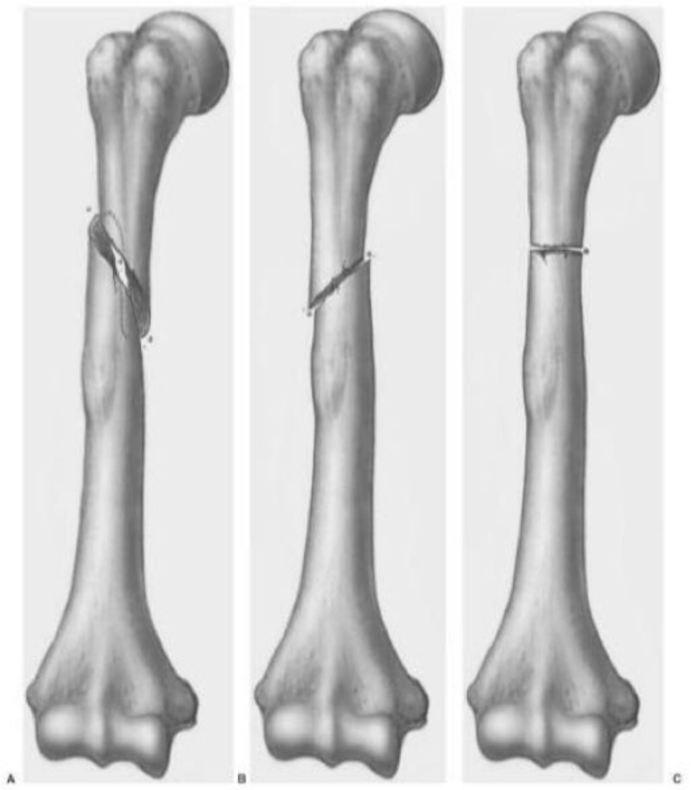
Select one:

- ● a. Degenerative disc
- ○ b. Osteomyelitis
- ○ c. Discitis
- ○ d. TB spine
- ✓ e. Degenerative and prolapse disc



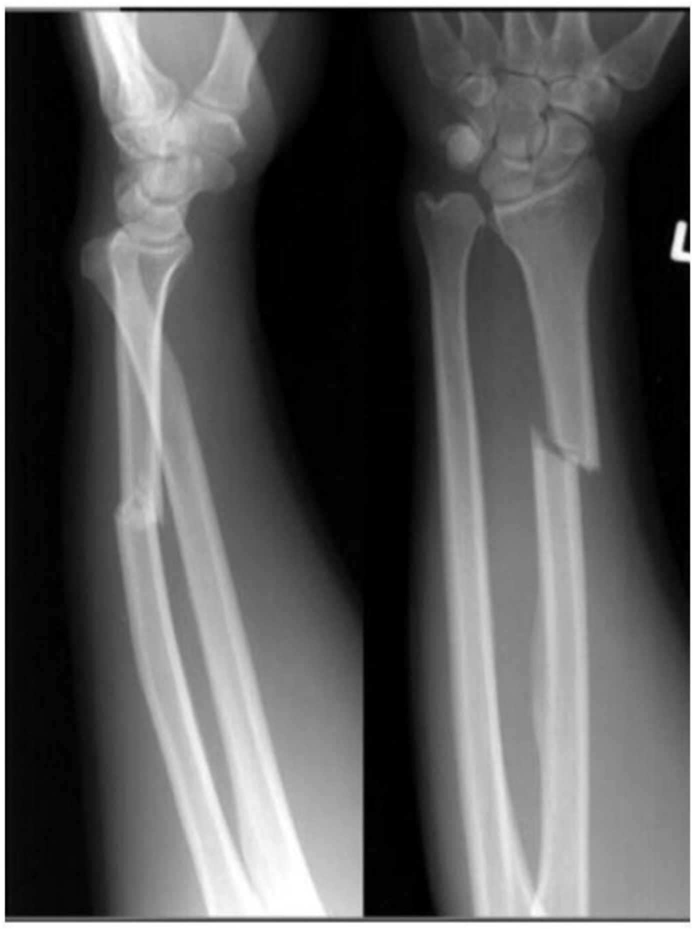
Select one:

- ○ a. Pyogenic spine infection
- ○ b. Brucellosis of spine
- ○ c. Burst fracture
- ○ d. Spondylosis and osteoarthritis
- [✓ e. Spinal TB]



Lt to Rt A-spiral B-oblique non-displaced C-transverse

5- what is the name of this fracture . Galeazzi fracture

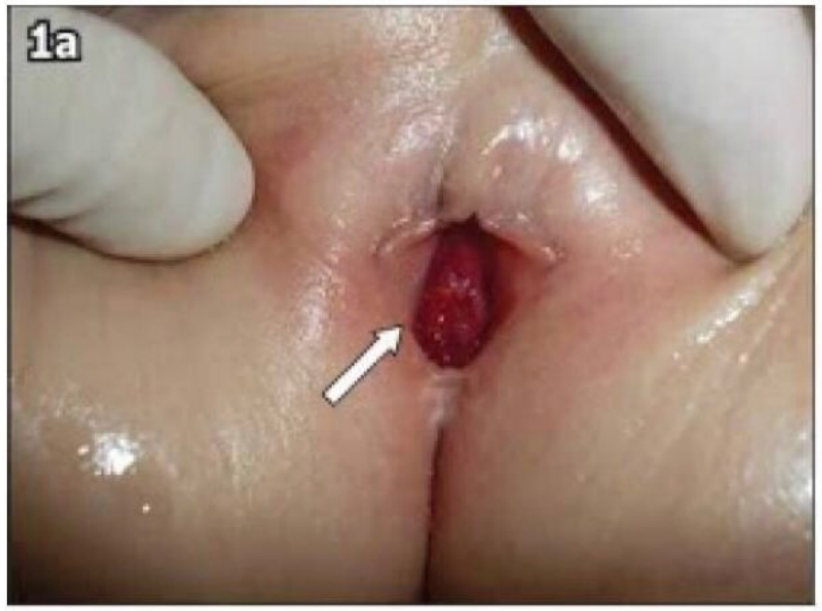


د. سامر

PEDIATRIC SURGERY

Congenital malformation

Q1 /Newborn girl perineum exam



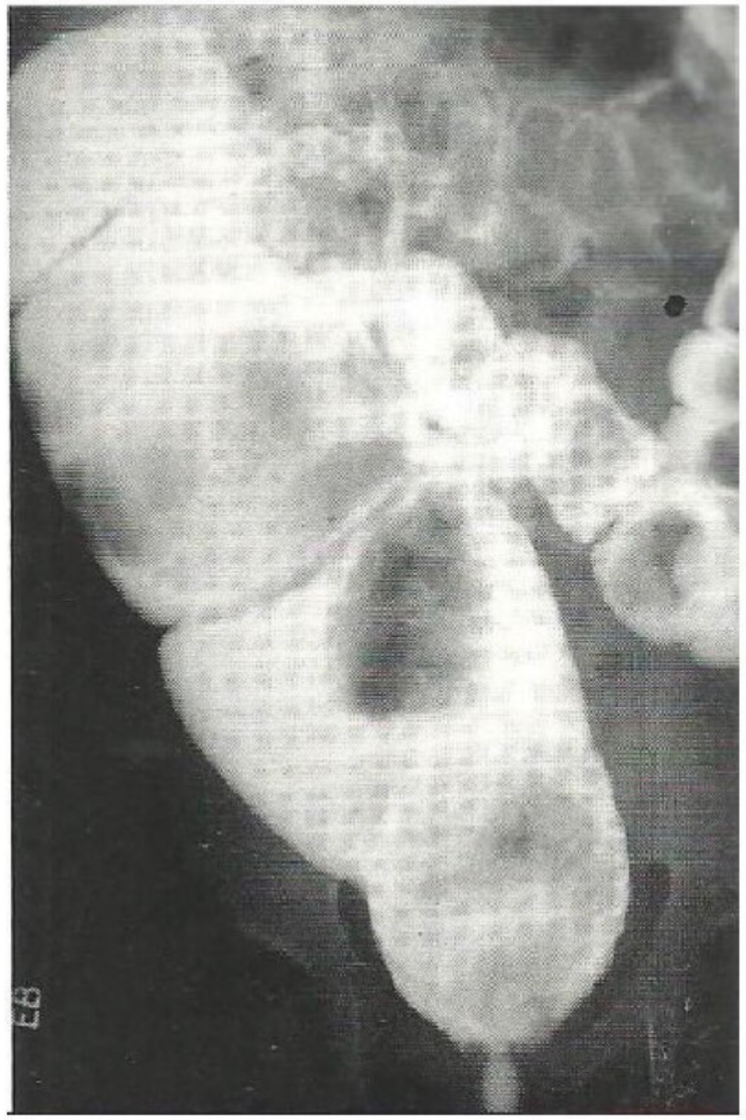
You called by pediatric about the newborn girl with this perineum picture.Screening examination the baby well, there was meconium in a baby napkin(diaper), good breastfeeding without abdominal distension.O/E 3850 gm weight baby, normal vital sign, CXR normal heart and lung shadow, the vagina and urethra appear normal Q1 The most common anatomic abnormality accounting this finding?

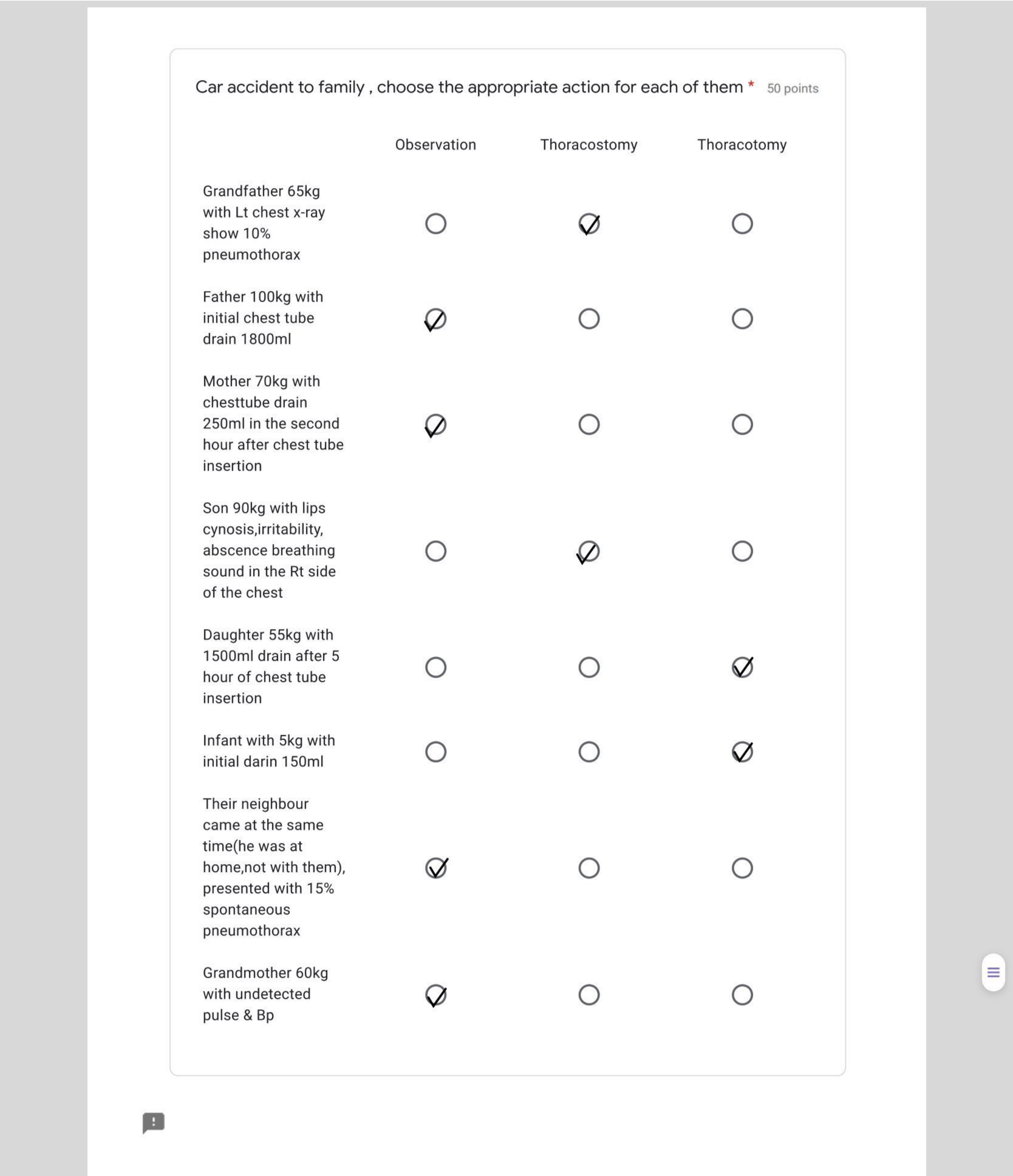
A. Persistence cloaca
B. Imperforated anus with recto vestibular fistula
C. Imperforated anus with low vaginal fistula
D. Imperforated anus with high vaginal fistula
E. Imperforated anus with both low and high vaginal fistulas

Q4 The child is lost to follow up for several years, she returns at age 8 years complaining faecal incontinence. She had never had a voluntary bowel movement. She soils frequently while at school. On examination abdominal distension mainly in the pelvic area, part of stool between buttocks, anus opening is good without stricture, you order contrast enema as shown below picture. Which of the following is true?

A. The patient to be one of the unfortunate child with fistula and incontinence
B. The patient treated successfully with constipating diet
C. The patient almost treated successfully with program on enema and diet
D. The most common problem of missed spinal congenital anomalies
E. Treatment likely of resection of sigmoid colon

Barium contrast study

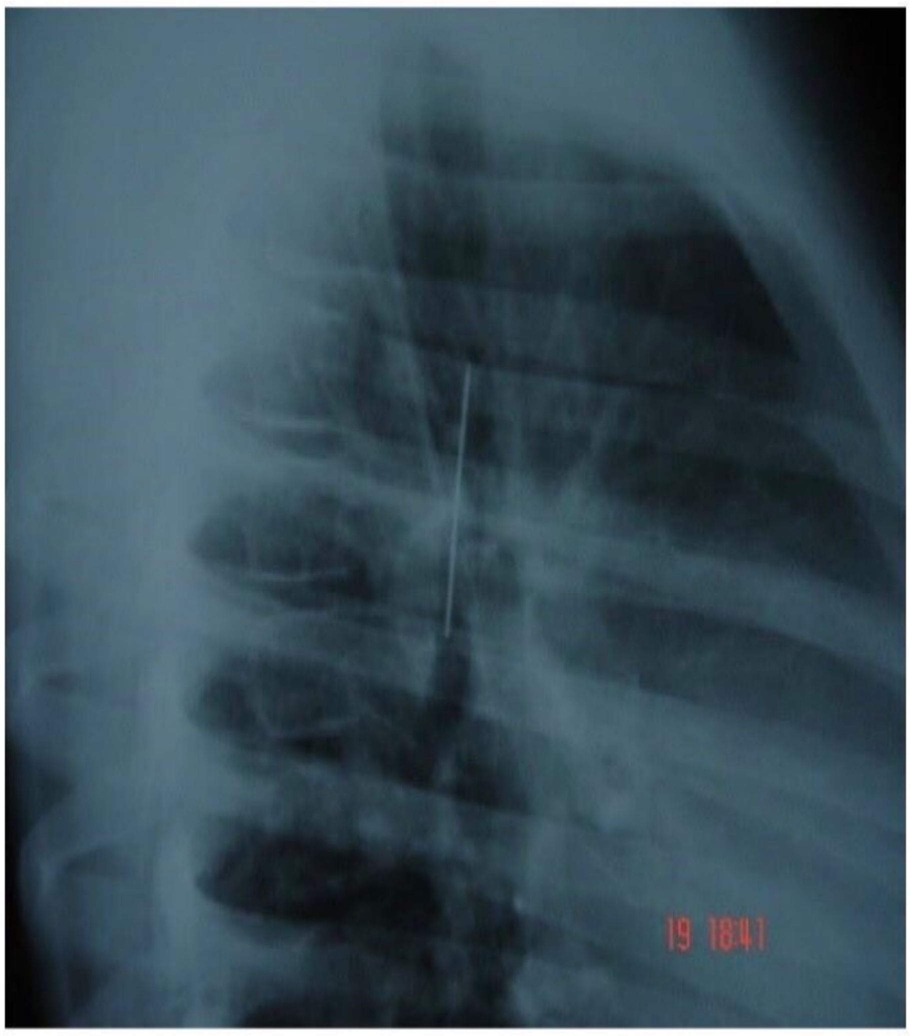




Car accident to family , choose the appropriate action for each of them * 50 points

	Observation	Thoracostomy	Thoracotomy
Grandfather 65kg with Lt chest x-ray show 10% pneumothorax	○	✓	○
Father 100kg with initial chest tube drain 1800ml	✓	○	○
Mother 70kg with chesttube drain 250ml in the second hour after chest tube insertion	✓	○	○
Son 90kg with lips cynosis,irritability, abscence breathing sound in the Rt side of the chest	○	✓	○
Daughter 55kg with 1500ml drain after 5 hour of chest tube insertion	○	○	✓
Infant with 5kg with initial darin 150ml	○	○	✓
Their neighbour came at the same time(he was at home,not with them), presented with 15% spontaneous pneumothorax	✓	○	○
Grandmother 60kg with undetected pulse & Bp	✓	○	○

3-These both radiological CXR for the same patient show present of foreign body in



Heart

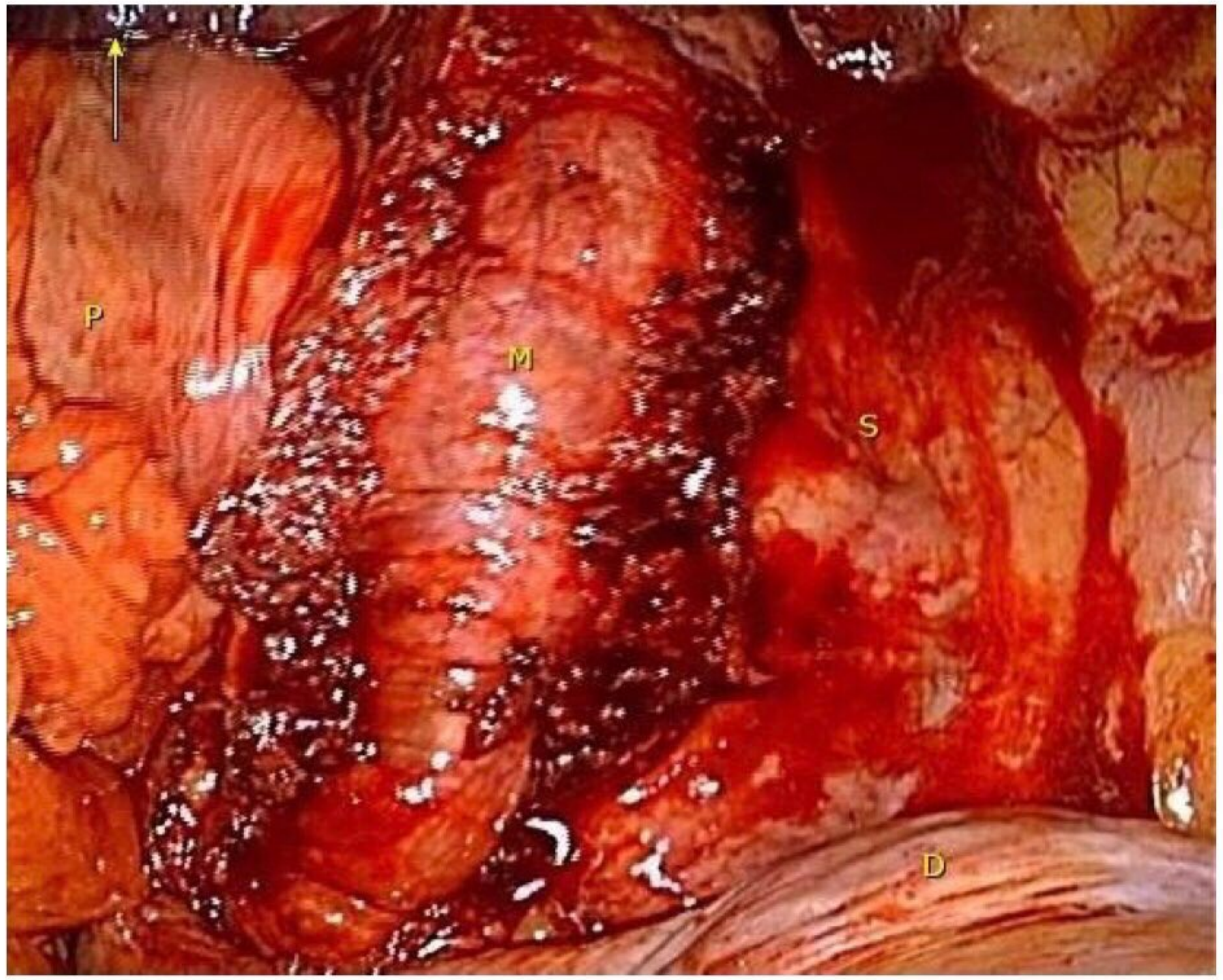
Chest wall

Lung

Esophagus

[✓ Trachea]

7-A view from thoracoscope for esophageal surgery, where M is the mucosa of esophagus & two arrows pointed to muscular layer of esophagus so the pathologic condition of esophagus is:



Perforation

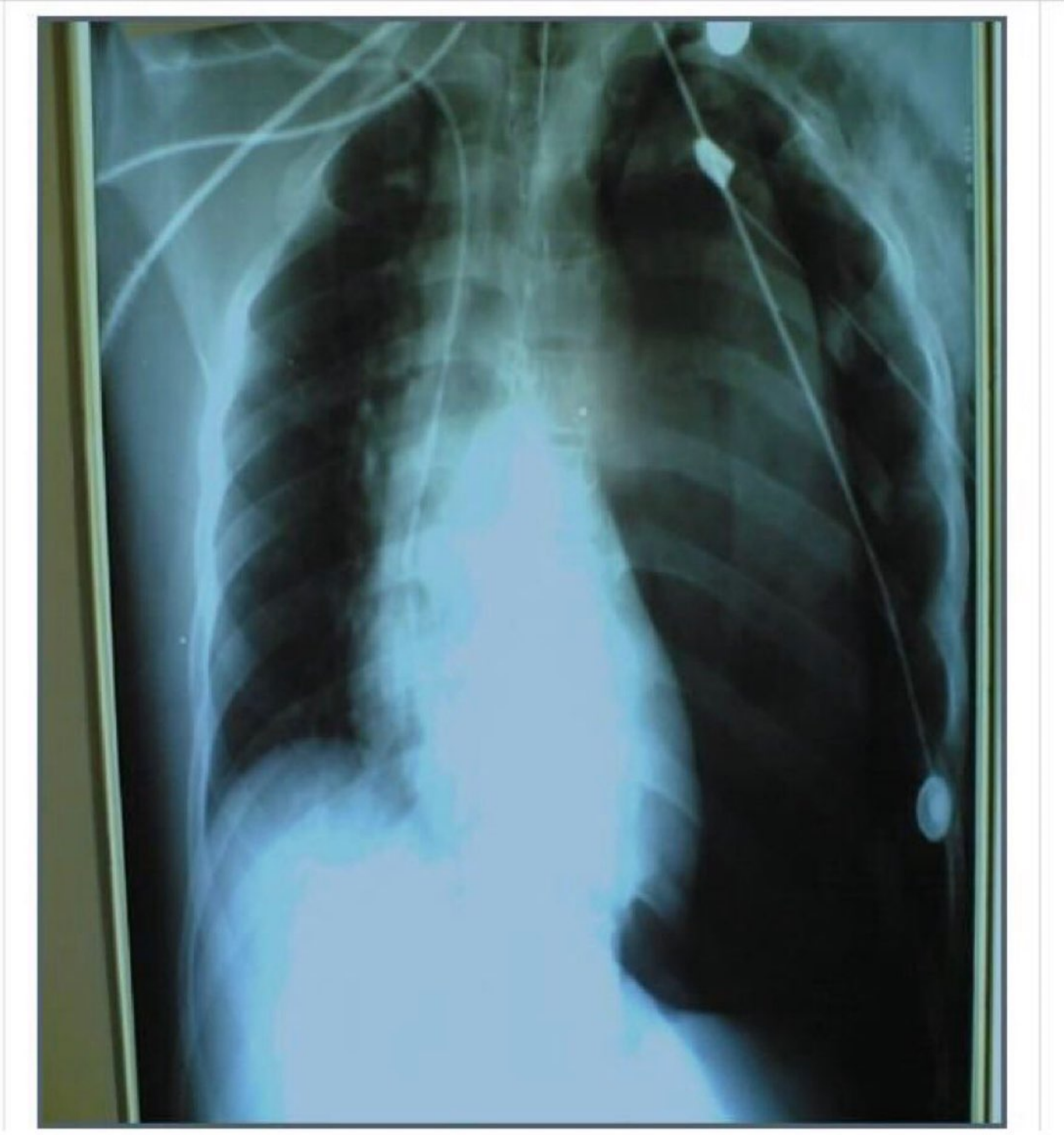
Duplicated esophagus

Carcinoma of esophagus

Achalasia

Diverticulum

8-The name of radiological finding above with the diagnosis:



PA-view chest x-ray show left side pneumothorax

CT-scan of chest show emphysematous chest

CT-scan of chest show giant bullae

AP-view chest x-ray show left side pneumothorax

Barium swallow show diaphragmatic hernia

9-Enumerate four tools present in Radiological finding above:

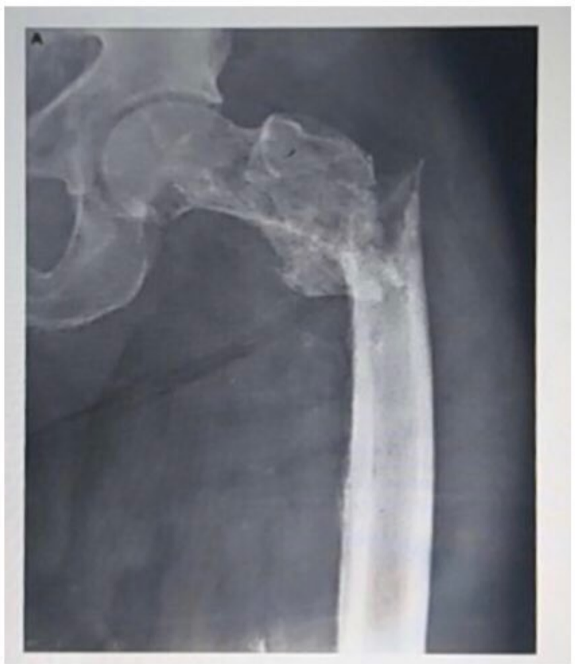
ECG electrode, post op chest tube , NG tube or endotracheal tube ,cv line ,sutures (maybe)

Q1/ A 72-year-old woman tripped. fell and landed on her left hip. She reported pain in her proximal thigh and was unable to bear weight. An ambulance was called and she has been taken to the emergency department.On/Examination This elderly woman is in some obvious pain which appears to be arising from her hip. She has evidence of shortening of the left leg and the leg is lying in external rotation. There is significant swelling and tenderness to palpation in the proximal thigh region. This is a closed injury and she has no neurovascular deficit. A radiograph is shown

1-What is the diagnosis?

2-What is a potential secondary cause of this injury?

3-How would you manage this type of injury?



Answer:

1-subtrochantric fracture

2-osteoporosis,osteomalacia,pagets disease,secondary metastasis

3

-Analgesia

-Skin traction

-ORIF(compression screw and plate)

Q2/Enumerate 4 causes of non-bilious vomiting.

Answer:

1.hypertrophic pyloric stenosis

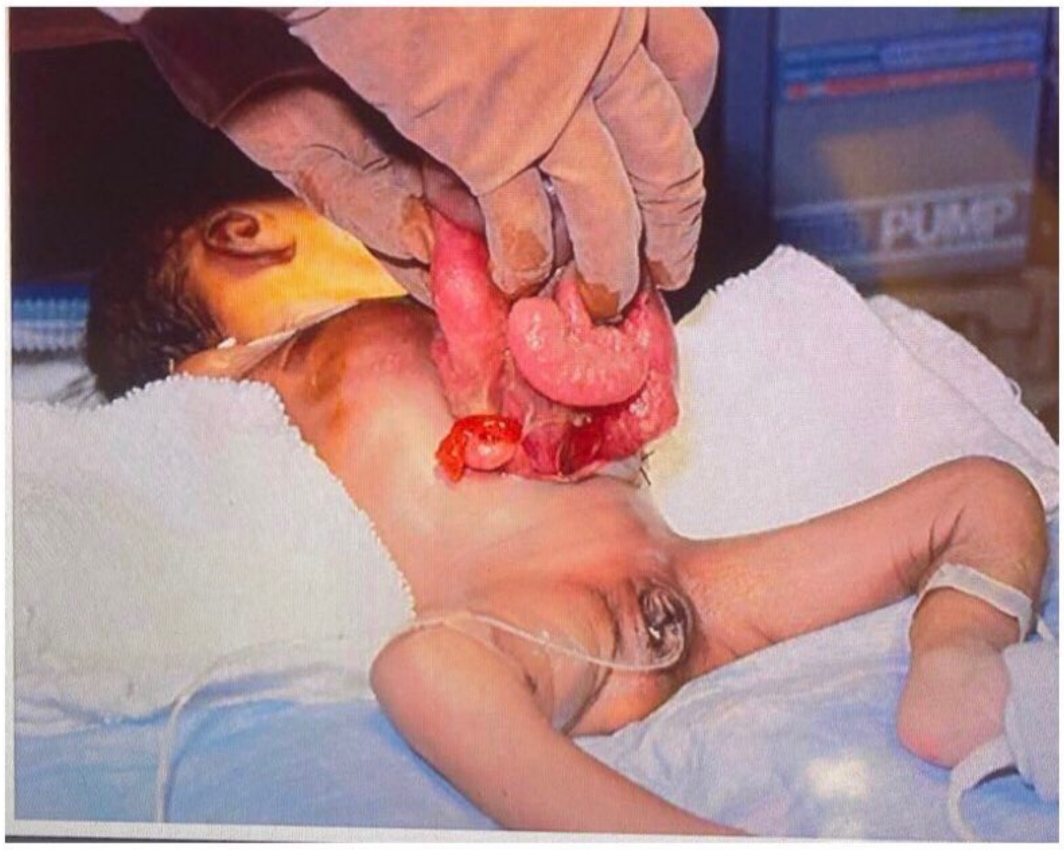
2.intussusception

3.GERD

4. Foreign body in esophagus

Q3/A 2500 gram female infant is born via vaginal delivery at 36 weeks gestation with an abdominal wall defect.

What is the Diagnosis and Treatments ?



Answer:

1.gastroschisis

2.ABC

Sterile wrap or sterilebowel bag

Fluids iv bolus fluid (ns, rl)

Nutrition

NGtube

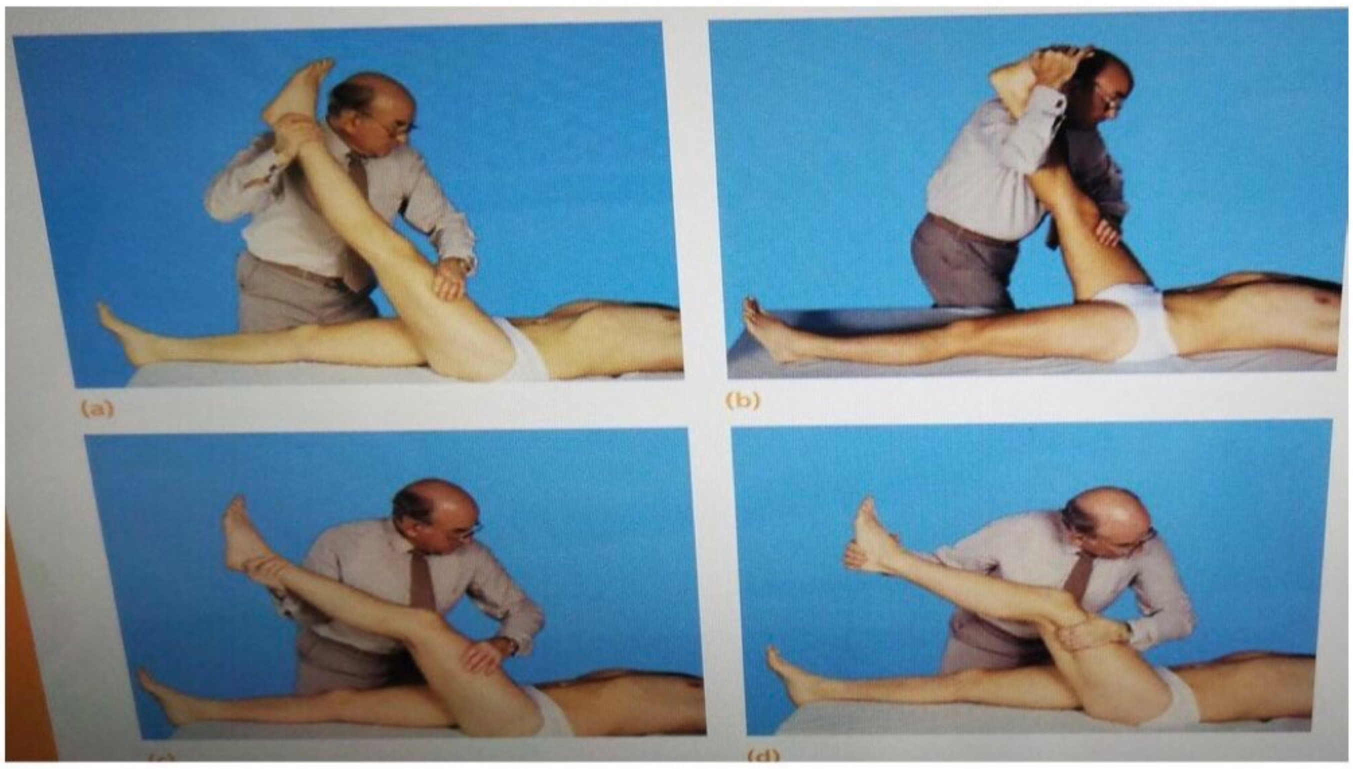
Urinary catheter

Broad spectrum antibiotic (ampicillin gentamycine)

Closure of defect

Q4/ A-Give the name of the test

B-what a positive test mean?



Answer:

1-Straight leg raising test

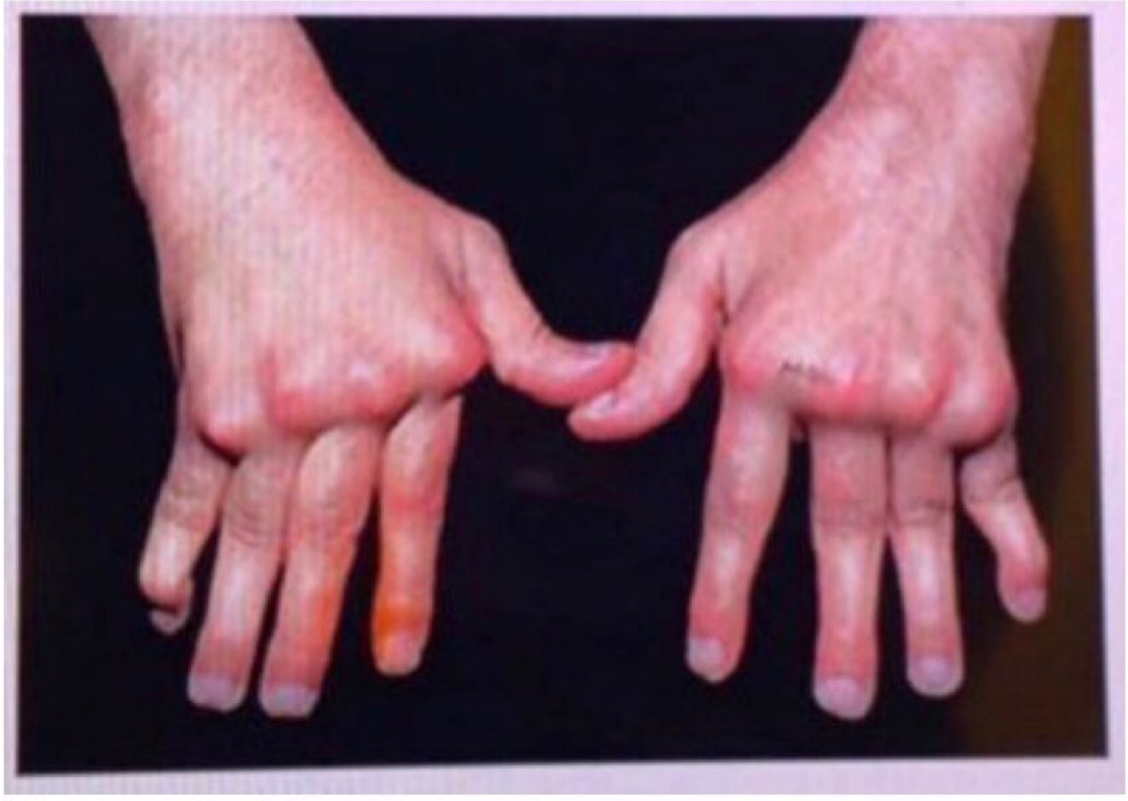
Sciatic pain — Lumbar Disc prolapse

2-Bow string test

Common peroneal nerve

Q5/ A-Name the disease

B-Give 2 drugs for treatment.



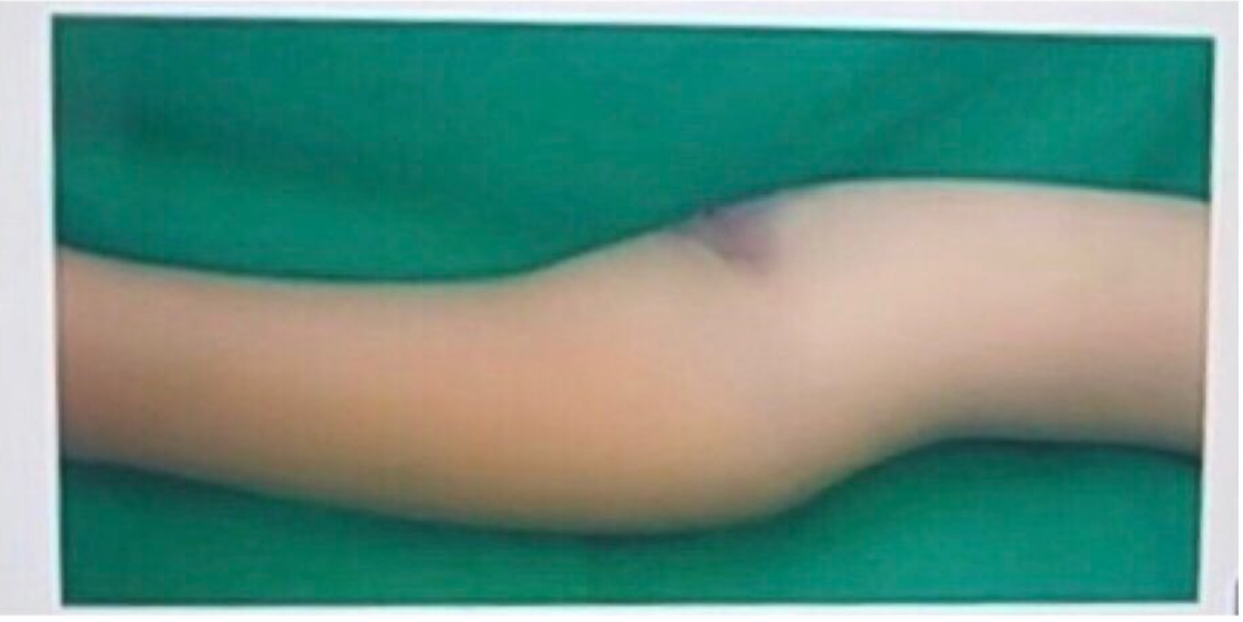
Answer:

A-Rheumatoid arthritis (RA)

B- Methotrexate and steroids

Q6/A 6 years old boy fell on outstretched hand presented to the emergency departmeint with swelling of the right elbow joint and S-shape deformity , the bony llandmarks of the elbow were lost, the patient cannot move his elbow.

1. **What are the early steps of treatment?**
2. **What do you expect the findings in the X-ray?**
3. **What is your treatmient plan?**
4. **What are the possible complications?**



Answer:

1-ABC, resuscitation, call for orthopedic, fixation

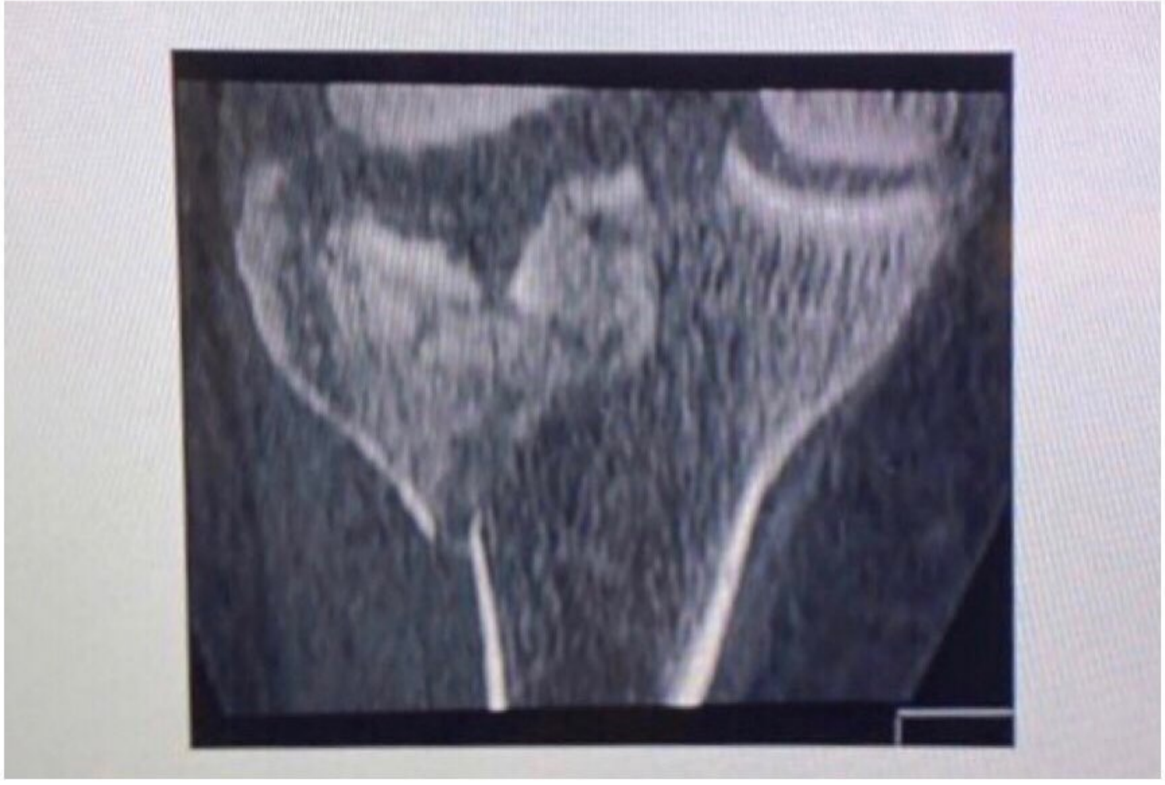
2-suprachondylar fracture (lower humerus fracture)

3-ORIF

4-Cubitus varus, brachial artery Injury, median nerve Injury

Q7/ A-Give the name of investigation.

B-Diagnosis



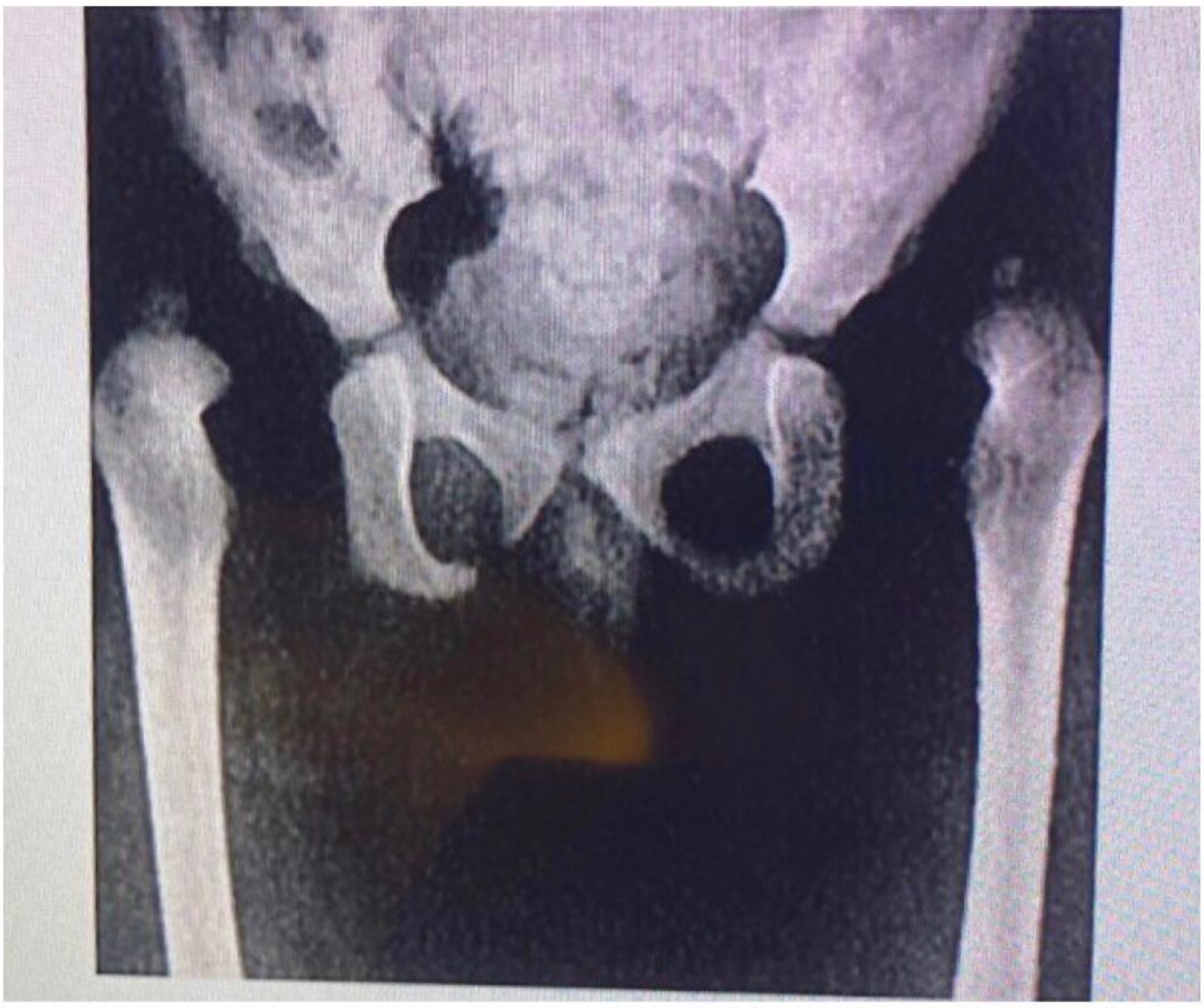
Answer:

A- CT scan of the knee

B- Tibial plateau fracture

Q8/ A-give the diagnosis

B- Enumerate 2 clinical tests for diagnosis



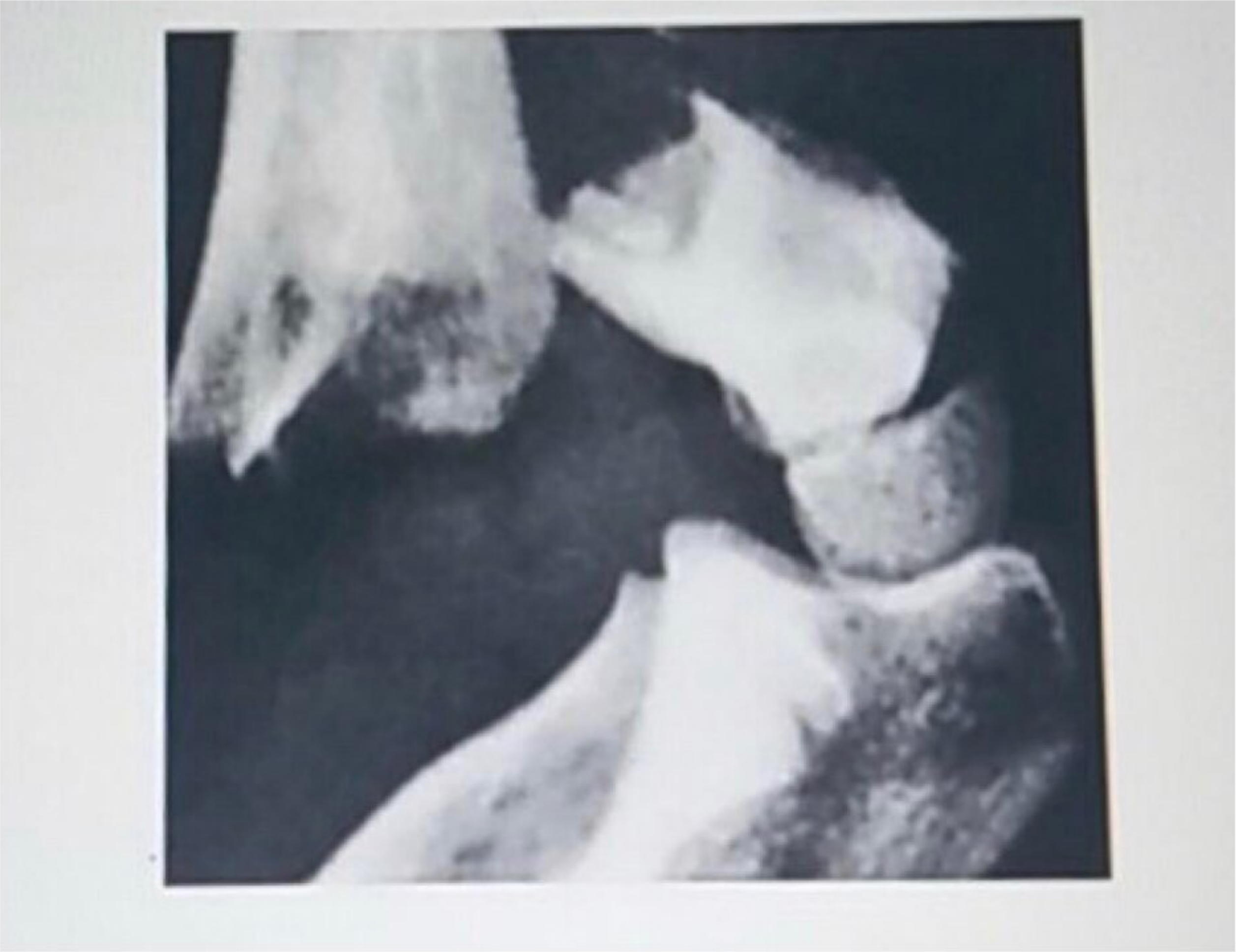
Answer:

A- Developmental dysplasia of hip (DDH)

2- Ortolani and Barlow tests

Q9/ A-name the fracture

B-enumerate 2 complications



Answer:

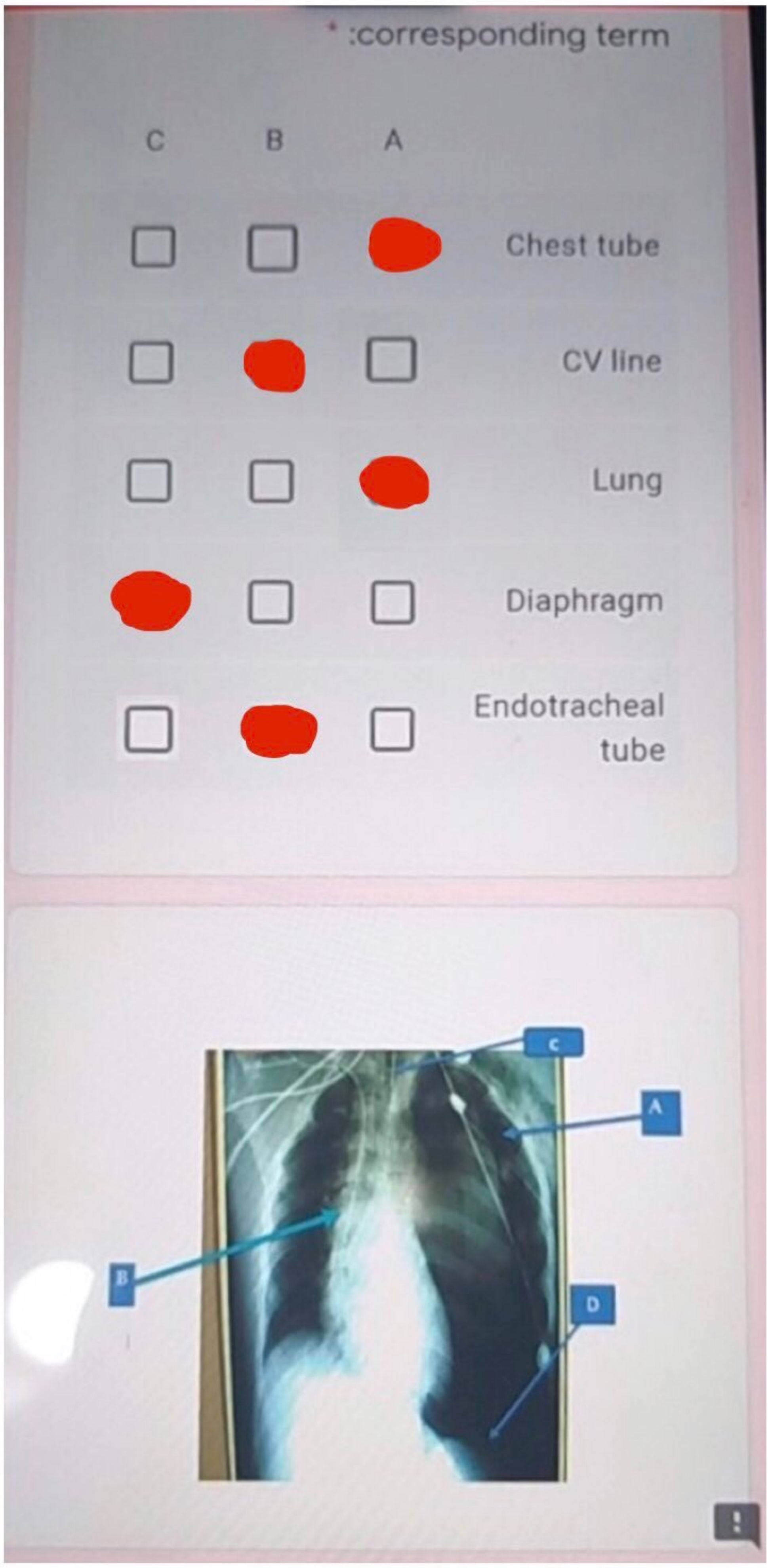
A-Supracondylar fracture

B-

1/Volkmann's contracture

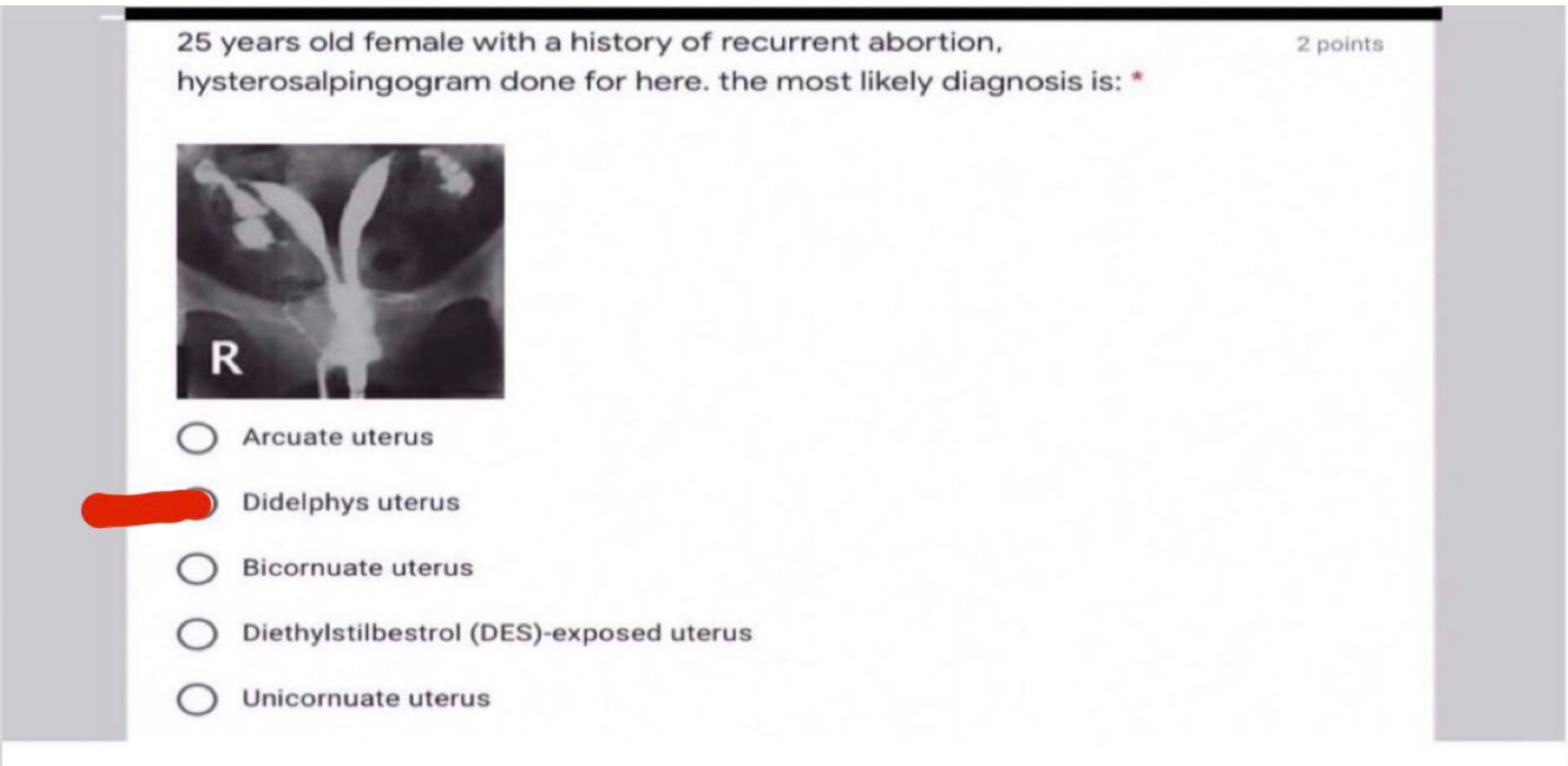
2/Malunion

Q11/



* :corresponding term

	A	B	C
Chest tube	●	☐	☐
CV line	☐	●	☐
Lung	●	☐	☐
Diaphragm	☐	☐	●
Endotracheal tube	☐	●	☐



25 years old female with a history of recurrent abortion, hysterosalpingogram done for here. the most likely diagnosis is: *

2 points

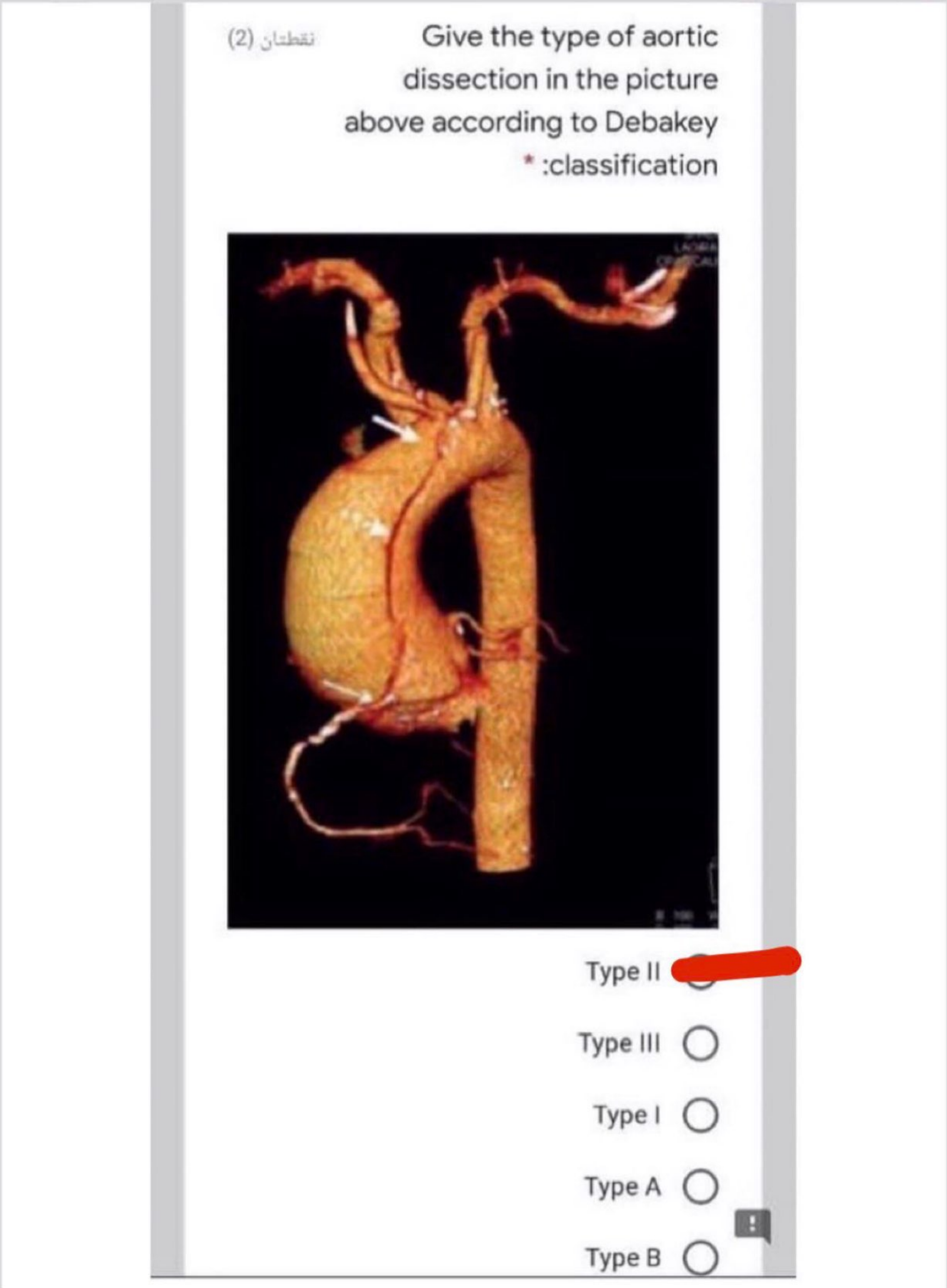
○ Arcuate uterus

● Didelphys uterus

○ Bicornuate uterus

○ Diethylstilbestrol (DES)-exposed uterus

○ Unicornuate uterus



نقطتان (2)

Give the type of aortic dissection in the picture above according to Debakey * :classification

Type II ●

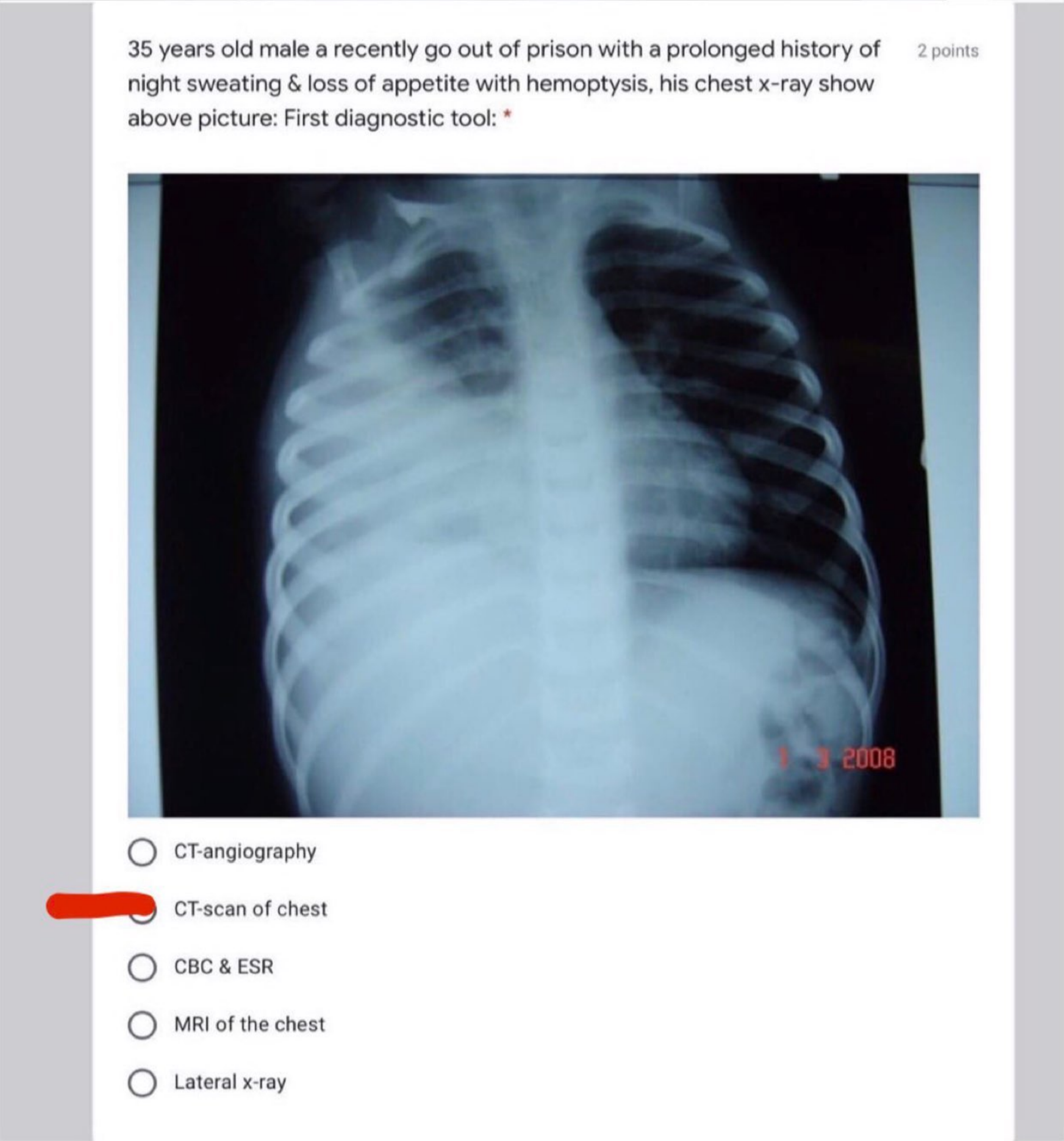
Type III ○

Type I ○

Type A ○

Type B ○

Type B ○



35 years old male a recently go out of prison with a prolonged history of night sweating & loss of appetite with hemoptysis, his chest x-ray show above picture: First diagnostic tool: *

2 points

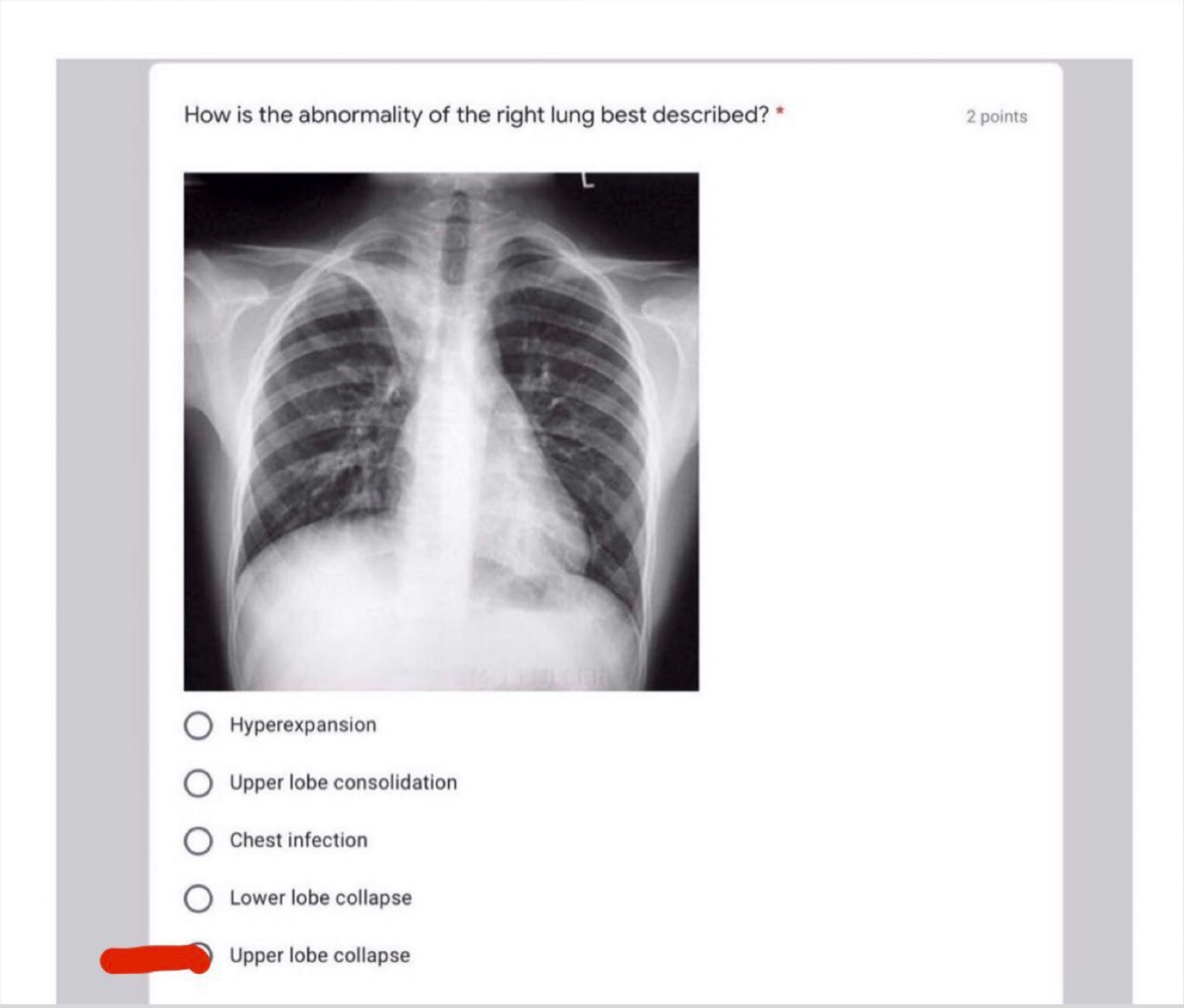
○ CT-angiography

[✓ CT-scan of chest]

○ CBC & ESR

○ MRI of the chest

○ Lateral x-ray



How is the abnormality of the right lung best described? *

2 points

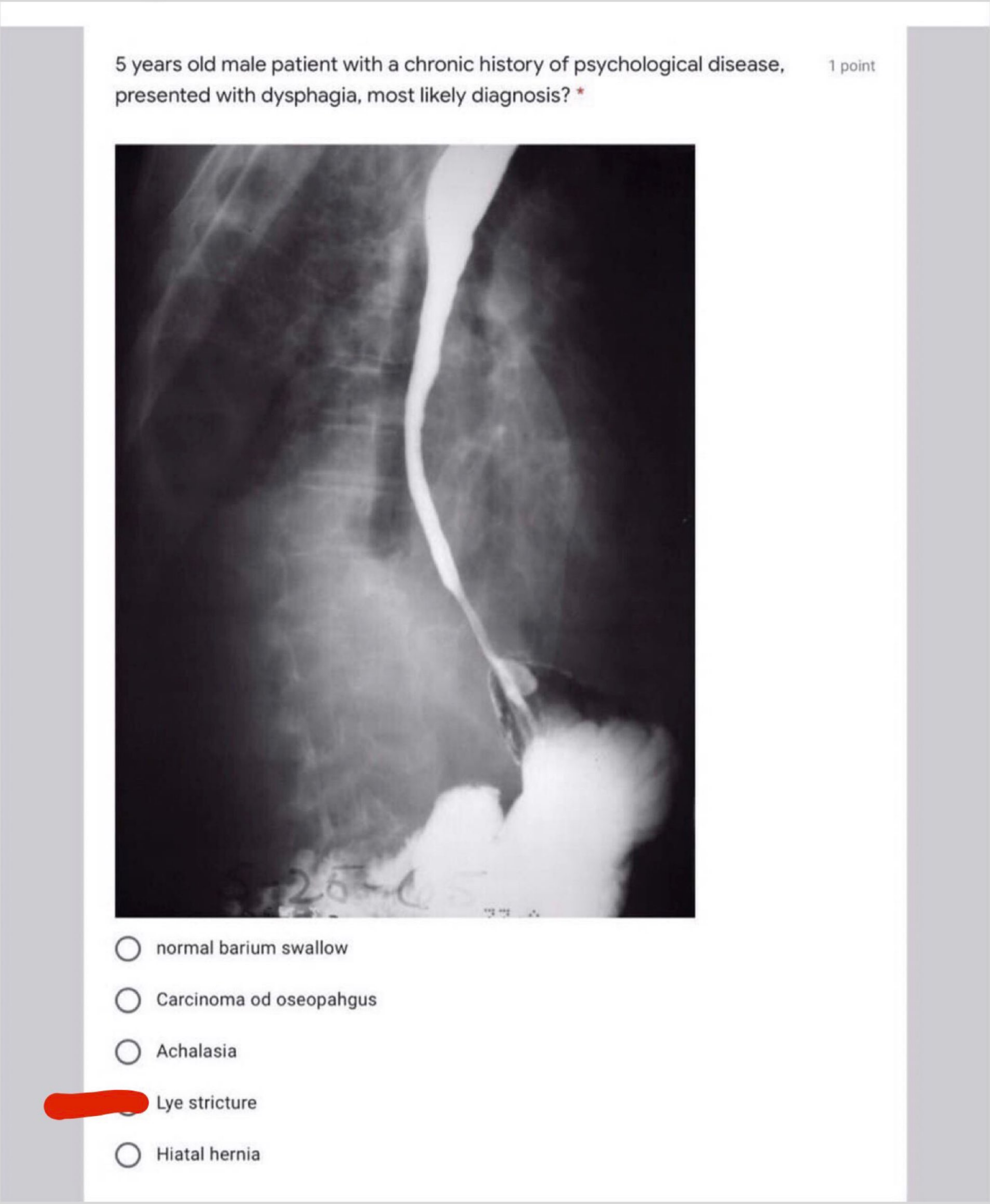
○ Hyperexpansion

○ Upper lobe consolidation

○ Chest infection

○ Lower lobe collapse

[✓ Upper lobe collapse]



5 years old male patient with a chronic history of psychological disease, presented with dysphagia, most likely diagnosis? *

1 point

○ normal barium swallow

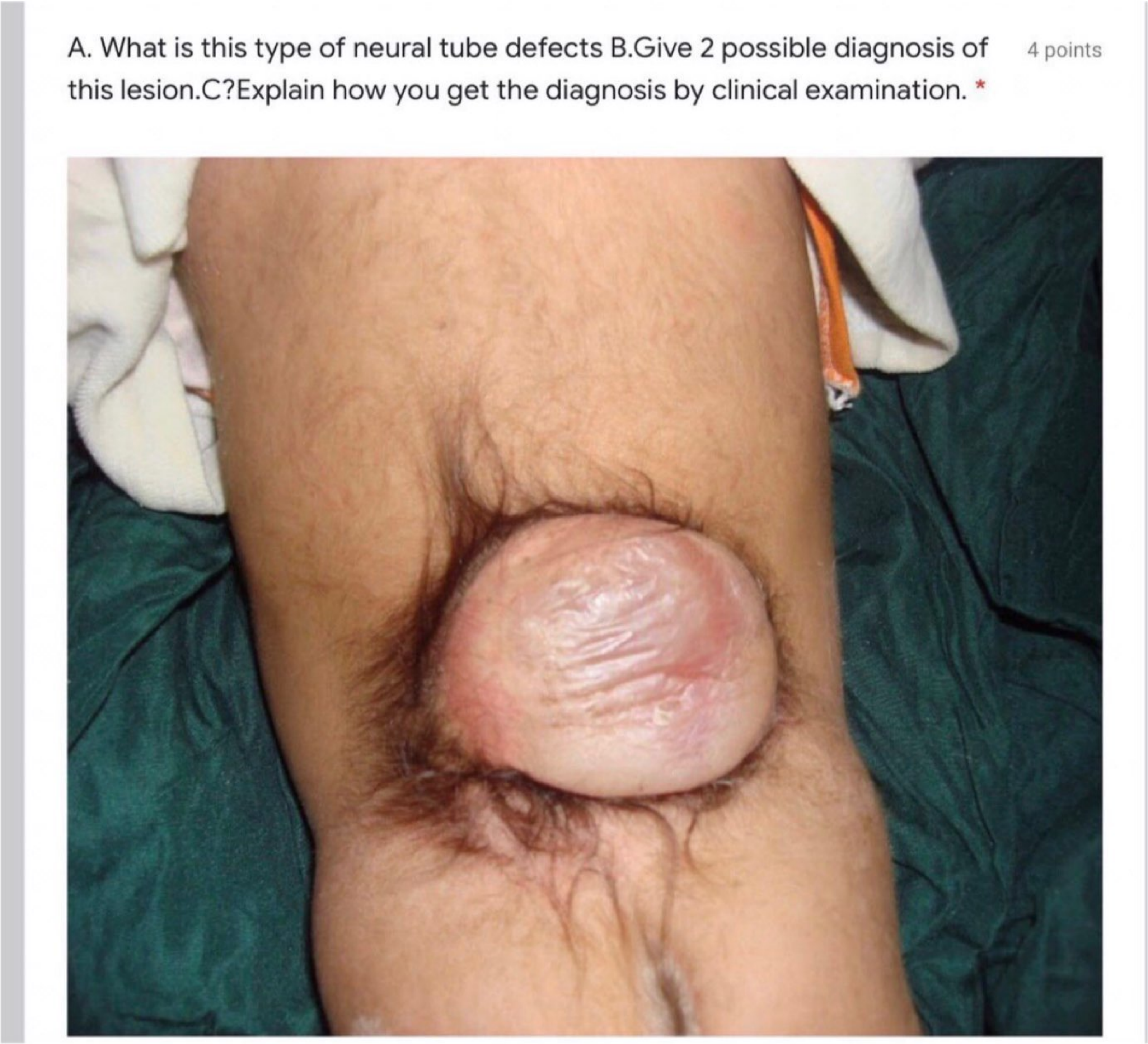
○ Carcinoma od oseopahgus

○ Achalasia

[✓ Lye stricture]

○ Hiatal hernia

Q1/



A. What is this type of neural tube defects B.Give 2 possible diagnosis of this lesion.C?Explain how you get the diagnosis by clinical examination. *

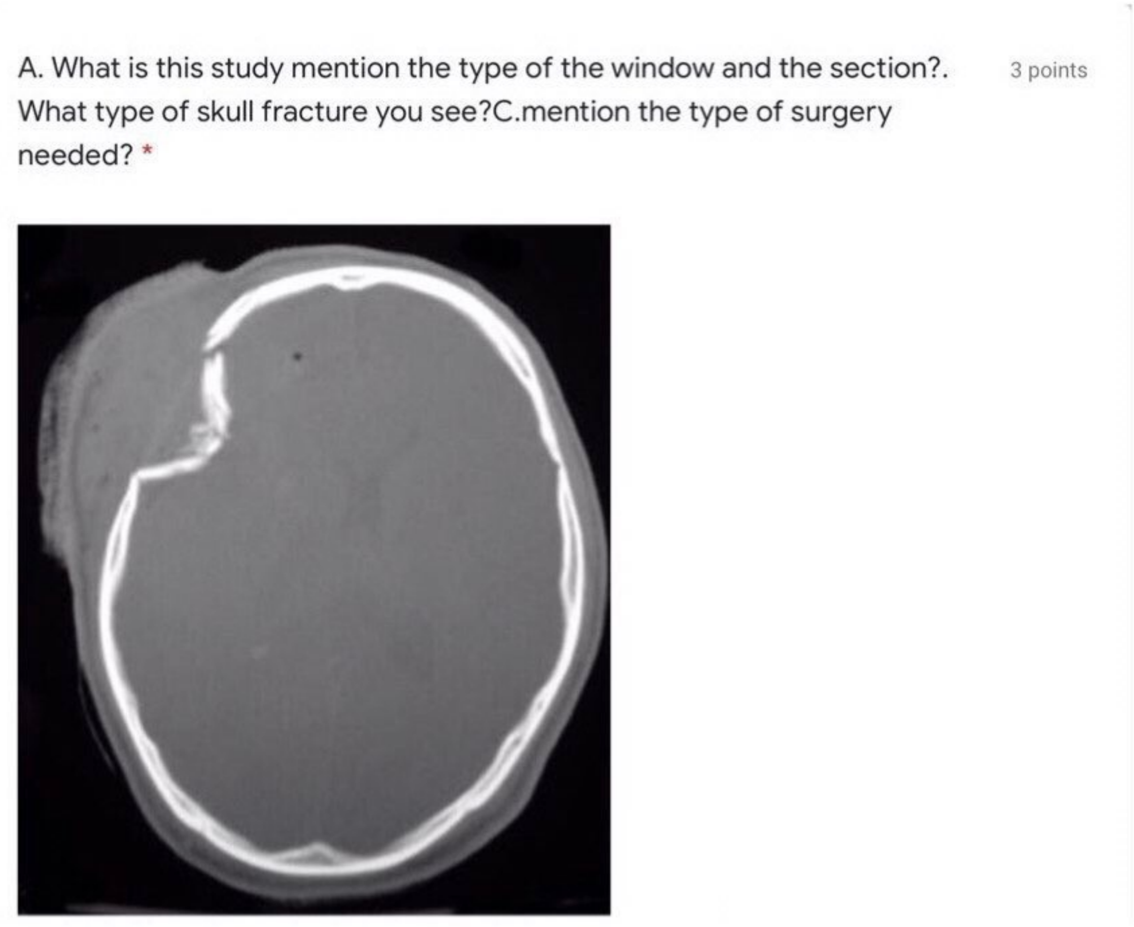
Answer:

A.closed type

B.lipomeningomyelocele,
lipomyelomeningocele.

C.Hairy patch, dark spot, swelling on the lower back there is partial paralysis and bowel and urinary incontinence.

Q2/



A. What is this study mention the type of the window and the section?. What type of skull fracture you see?C.mention the type of surgery needed? *

3 points

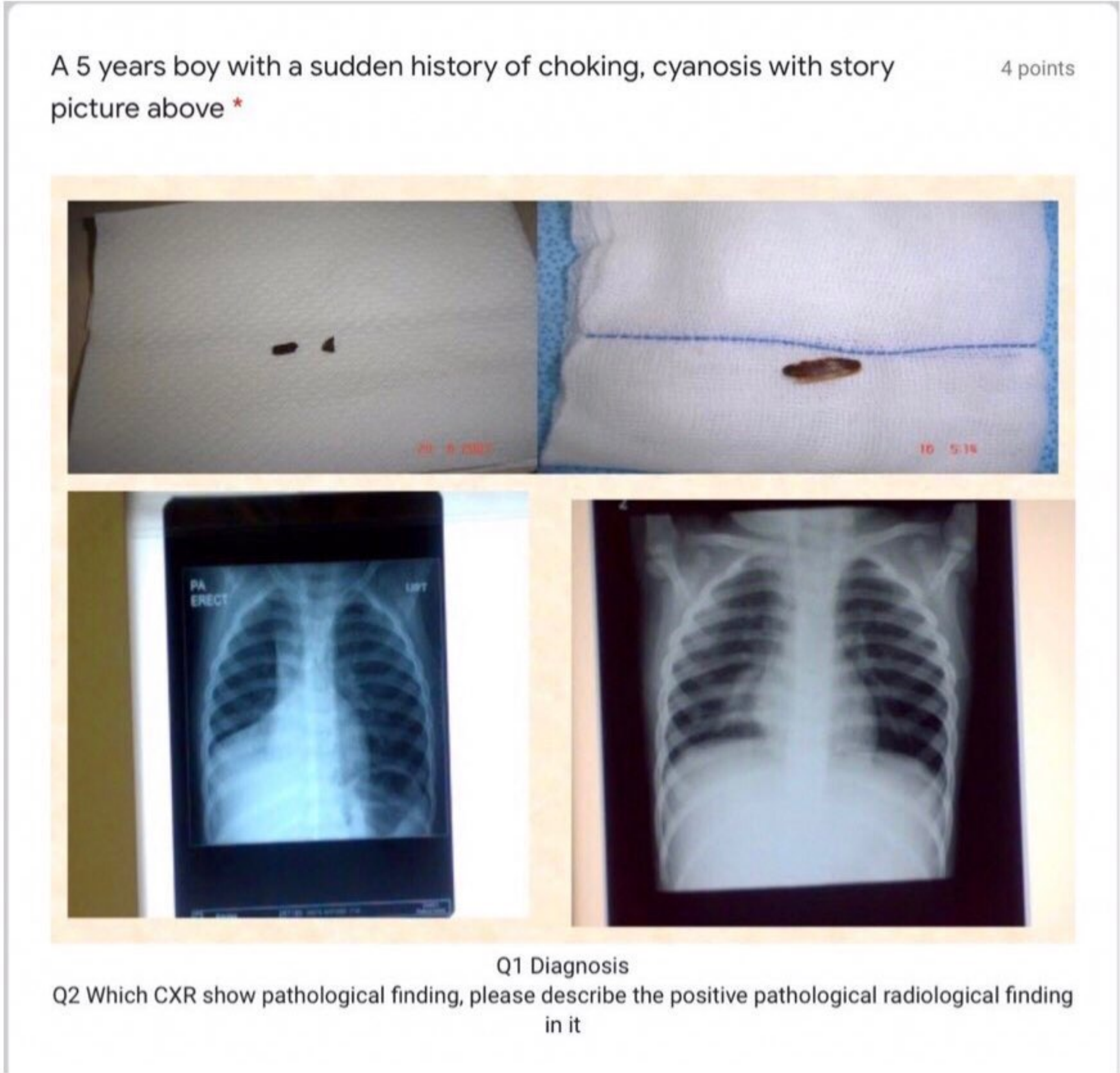
Answer:

A.CT scan bone window.

B.depressed skull fracture.

C.Treatment usually in form of elevation of depressed segment in case of closed fracture or removal of depressed segment in case of compound comminuted fracture followed by subsequent cranioplasty or bone graft 6-9 month later.

Q3/



A 5 years boy with a sudden history of choking, cyanosis with story picture above *

4 points

Q1 Diagnosis

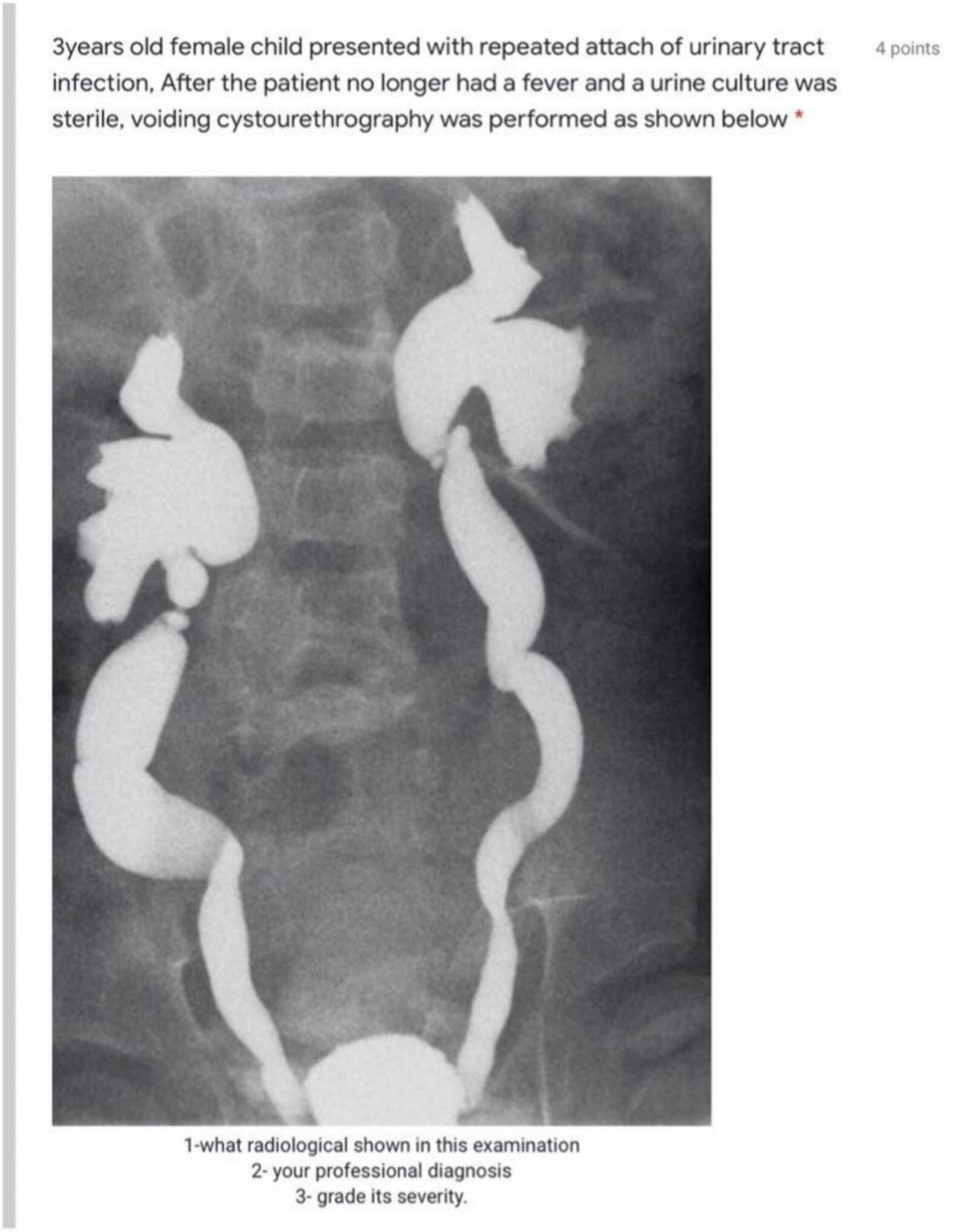
Q2 Which CXR show pathological finding, please describe the positive pathological radiological finding in it

Answer:

1.Forign body removal in the right bronchus.

2.Right lower lobe collapse ,failure to expand lung after full inspiration and expiratory inspiratory phase.

Q4/



3years old female child presented with repeated attach of urinary tract infection, After the patient no longer had a fever and a urine culture was sterile, voiding cystourethrography was performed as shown below *

4 points

1-what radiological shown in this examination
2- your professional diagnosis
3- grade its severity.

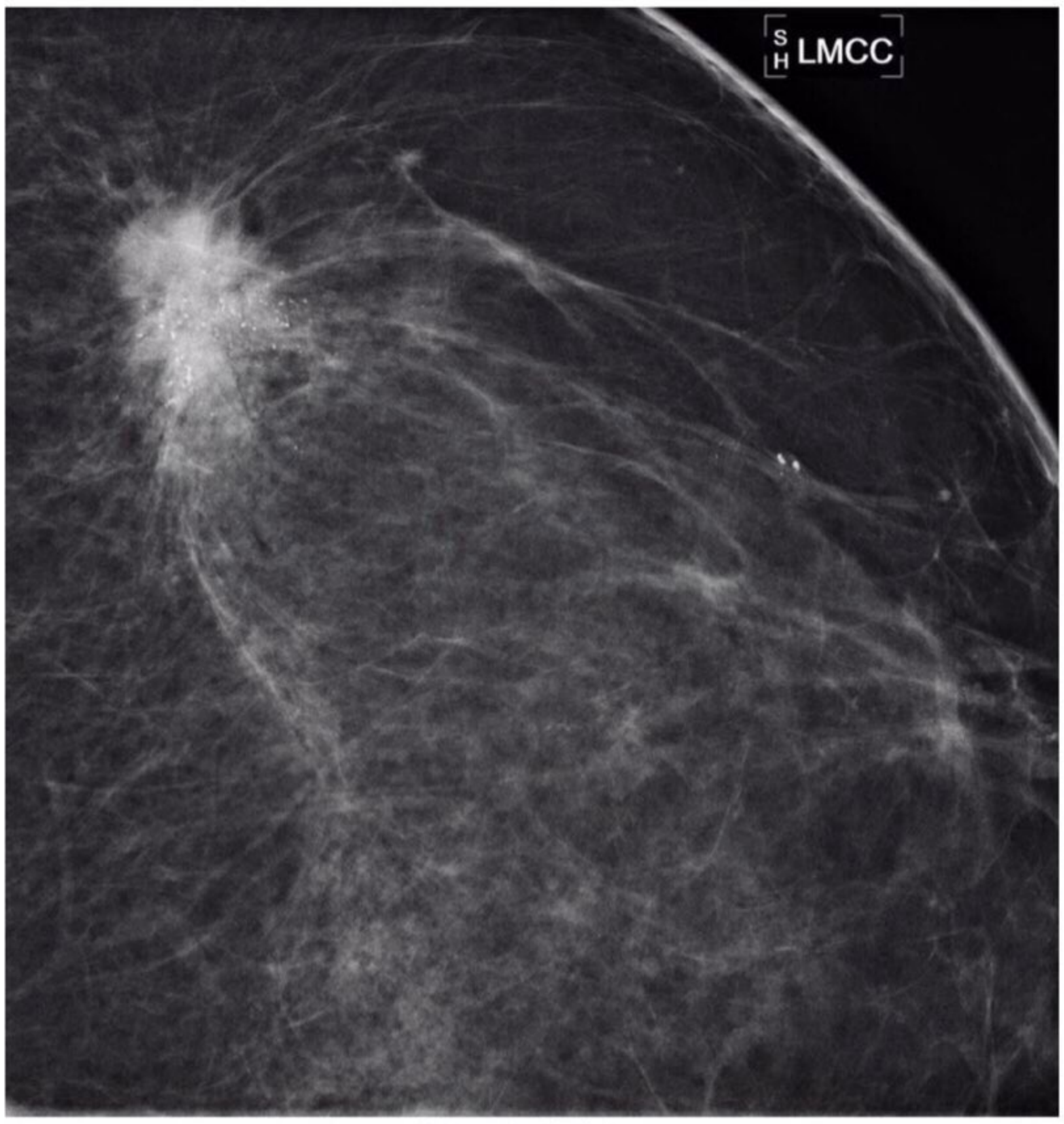
Answer:

1.Hydronephrosis , hydroureter and sever dilatation of bladder due to vesicureteric Obstruction.

2.Vesicouretric reflux.

3.Grade V Severe ureteric dilatation and tortuosity; gross dilatation of pelvis and calyces.

Q5/



1- Describe the lesion
2-Neumerate 3 differential diagnosis

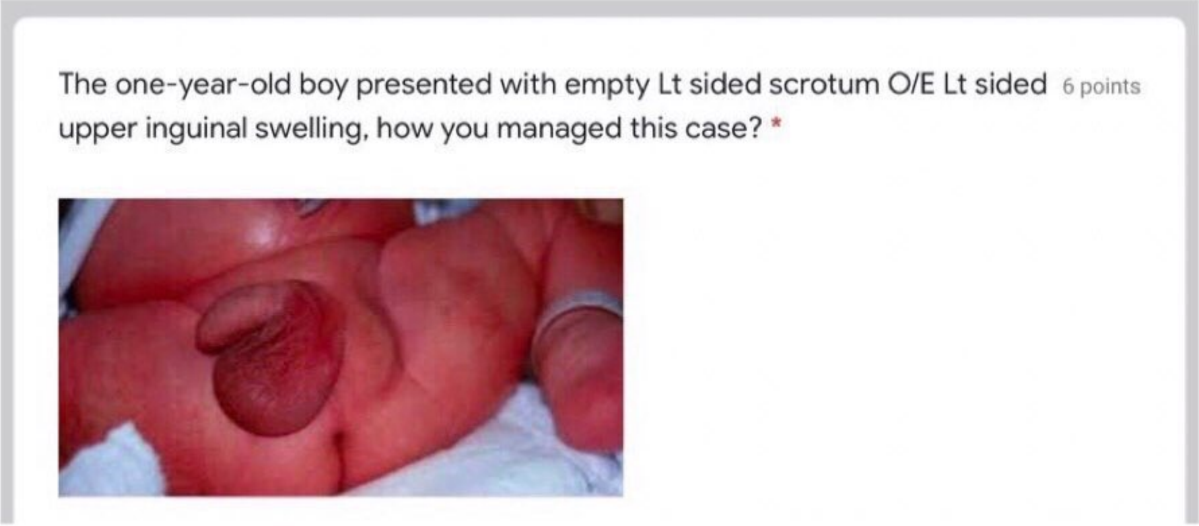
Answer:

an irregular spiculated mass with associated calcifications (amorphous micro calcification?)

DDX:

- Invasive & non invasive carcinoma.
- Post-biopsy scarring
- Traumatic fat necrosis

Q6/



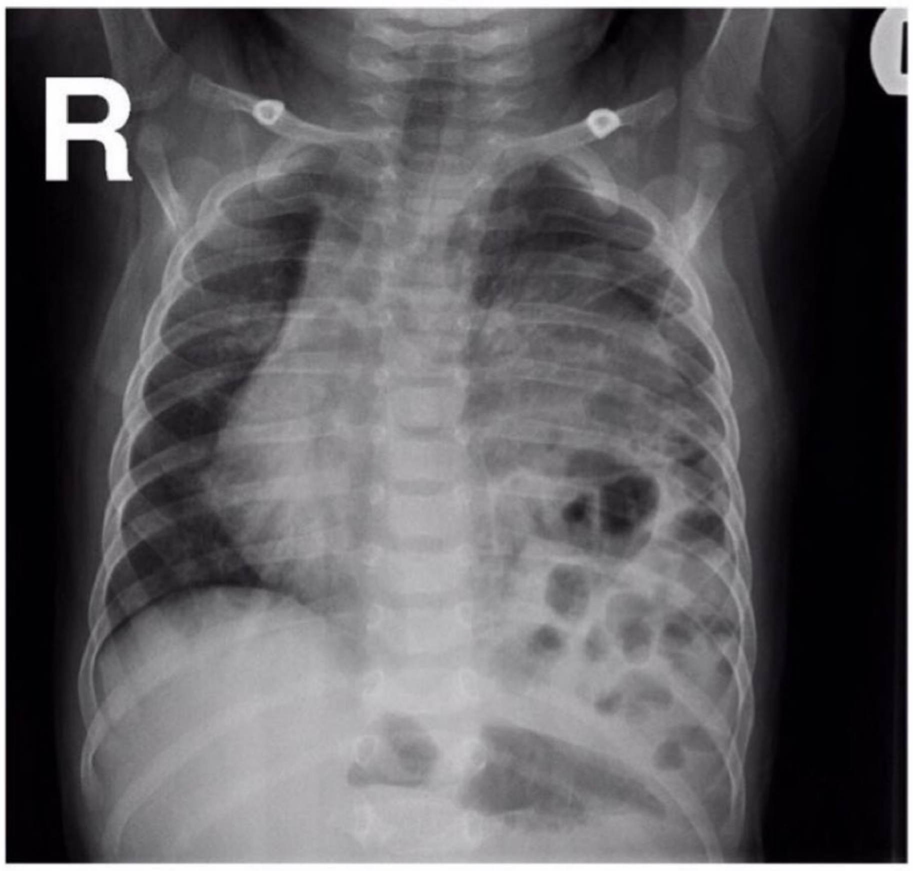
The one-year-old boy presented with empty Lt sided scrotum O/E Lt sided upper inguinal swelling, how you managed this case? *

Answer:

A palpable undescended testis ideally requires a day-case orchidopexy between 6 and 12 months of age.

— — — — — — —

Name the test? Diagnosis? Management? * 4 points



Answer:

Chest x_ray

Dx:Congenital diaphragmatic hernia.

Tx:

[medical]

1_Resuscitation with ventilatory support[switching from conventional mechanical ventilation to high- frequency oscillator ventilation (HFOV).

2_extra-corporeal membrane oxygenation (ECMO).

3_The classical teaching is that patients need to be stabilized (often with the use of ECMO) and that repair should be delayed until the infant is better prepared to survive the operation.

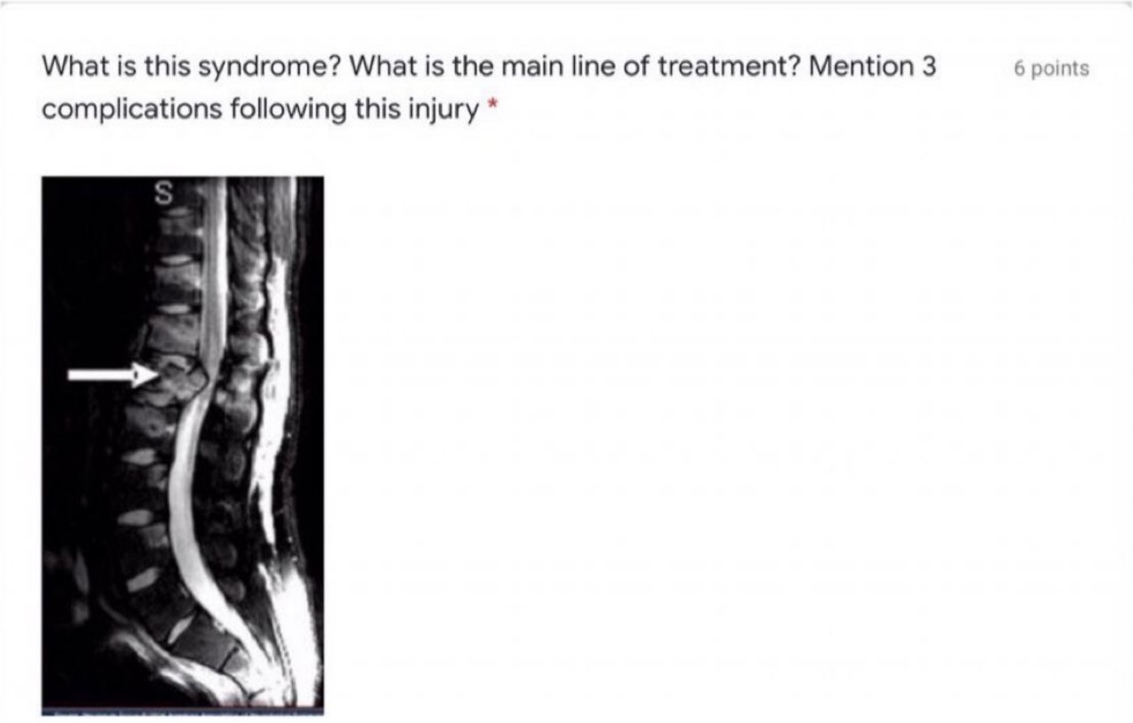
4_Prostaglandin E1 (PGE1) has been used to treat severe pulmonary hypertension in patients with CDH.

[Surgical]

1_For treatment of CDH in the neonatal period, a subcostal incision is used. An attempt should be made to carry outa primary repair of the hernia. The abdominal contents are reduced, and the edges of the diaphragm are then approximated with non absorbable suture.

2_For treatment of latent CDH, the typical surgical approach has been through thoracotomy or laparotomy.

Q8/


What is this syndrome? What is the main line of treatment? Mention 3 complications following this injury *

6 points

Answer:

Dx:Conus medullaris syndrome.

Tx:glucocorticoids, surgery[surgical decompression via laminectomy with or without subsequent discectomy, or via sequestrectomy].

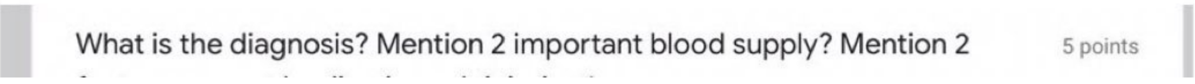
Complications:

-poor rectal tone

-Bladder dysfunction

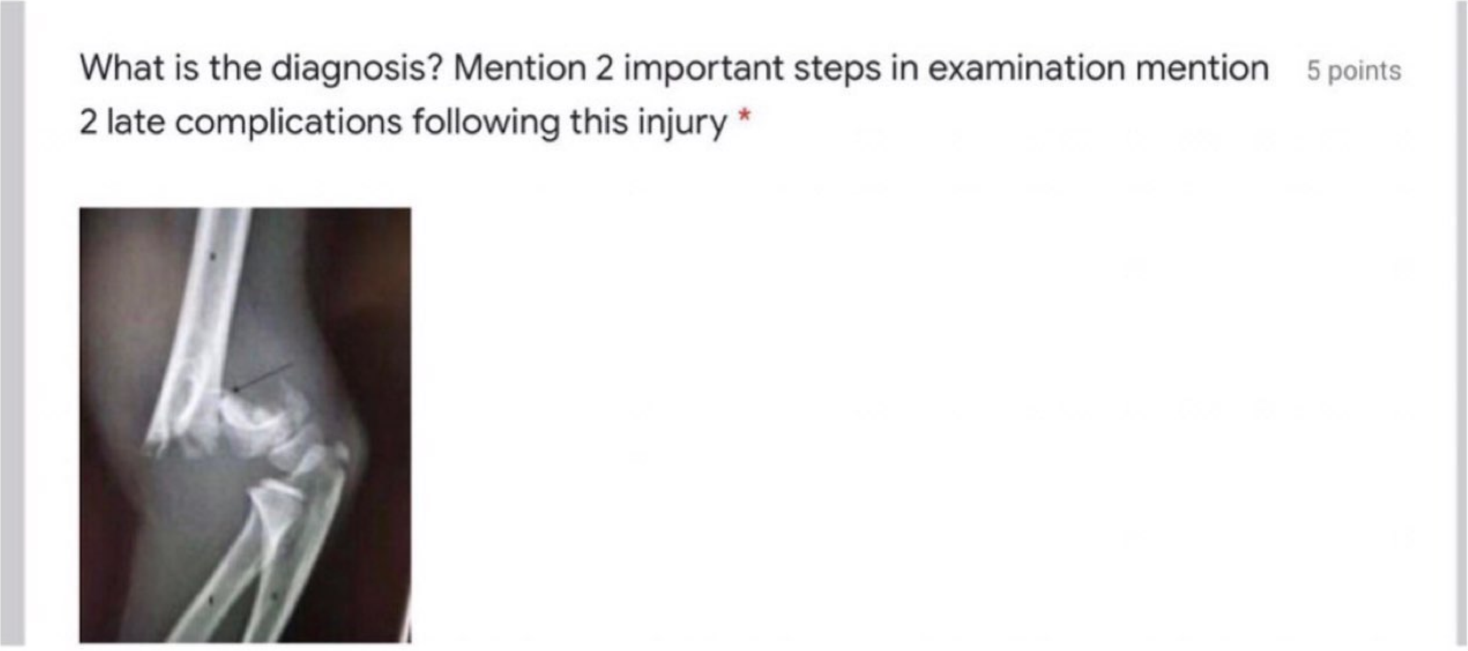
-Bowel dysfunction

Q9/


What is the diagnosis? Mention 2 important blood supply? Mention 2

5 points

Q10/



What is the diagnosis? Mention 2 important steps in examination mention 2 late complications following this injury *

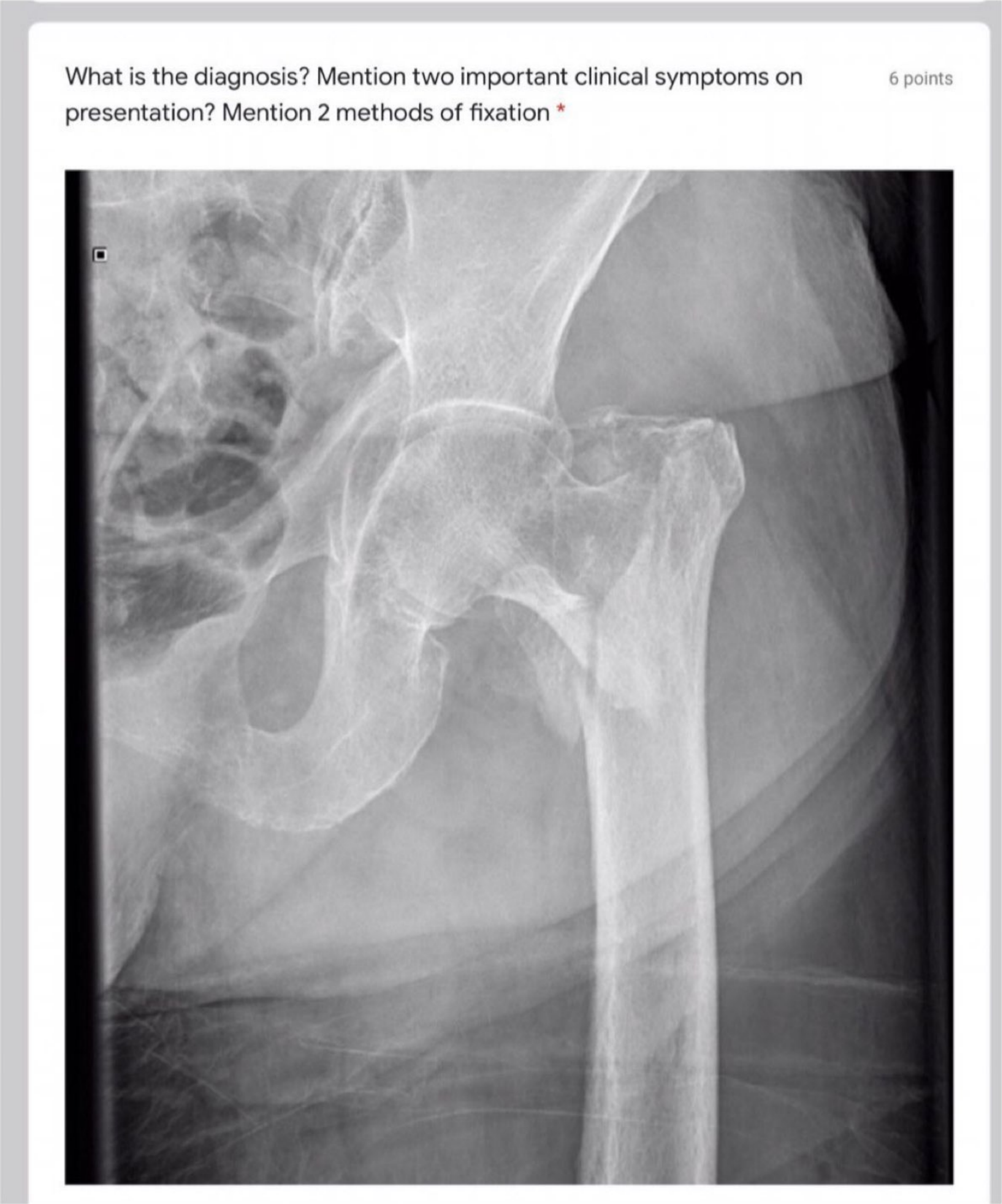
Answer:

-Supracondylar fracture.

-Examination:
1-neural damage
2-vascular injury

-Complications:
1-malunion
2-stiffness

Q11/



What is the diagnosis? Mention two important clinical symptoms on presentation? Mention 2 methods of fixation *

6 points

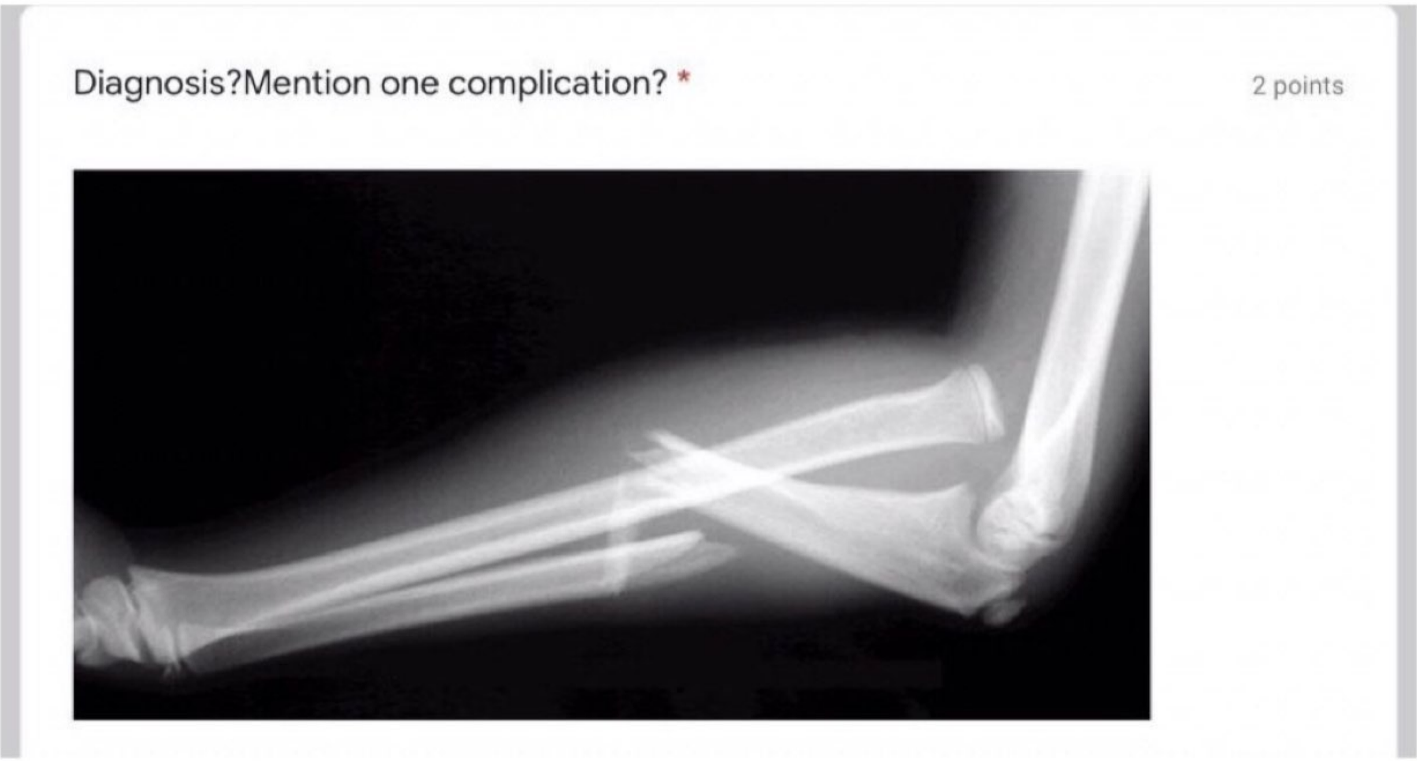
Answer:

-Intertrochanteric fracture

-The limb is shortened and lies in external rotation

-Compression screw and plate, dynamic hip screw

Q12/



Diagnosis?Mention one complication? *

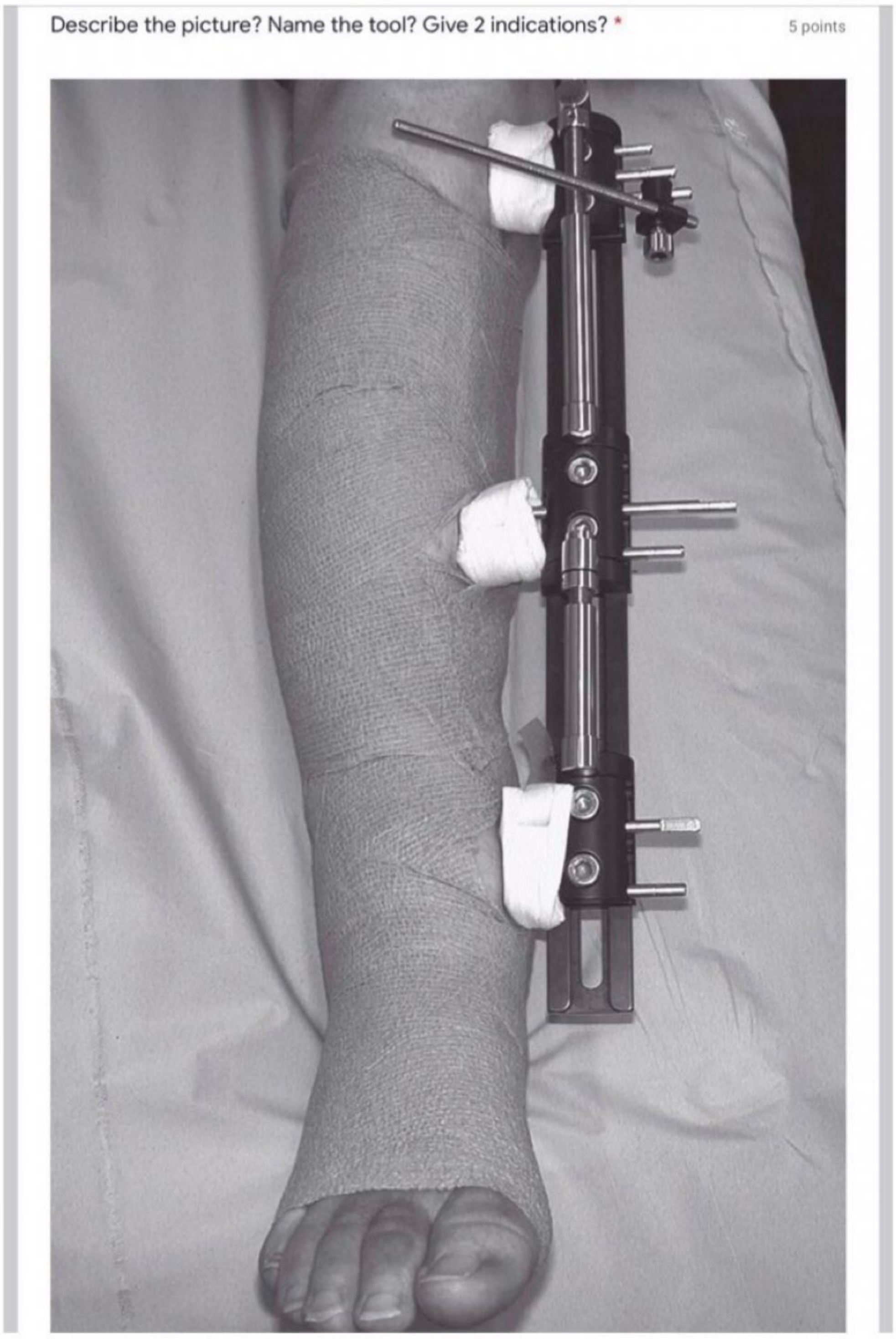
2 points

Answer:

-Monteggia fracture

-Nerve injury (posterior interosseous nerve)

Q13/



Describe the picture? Name the tool? Give 2 indications? *

5 points

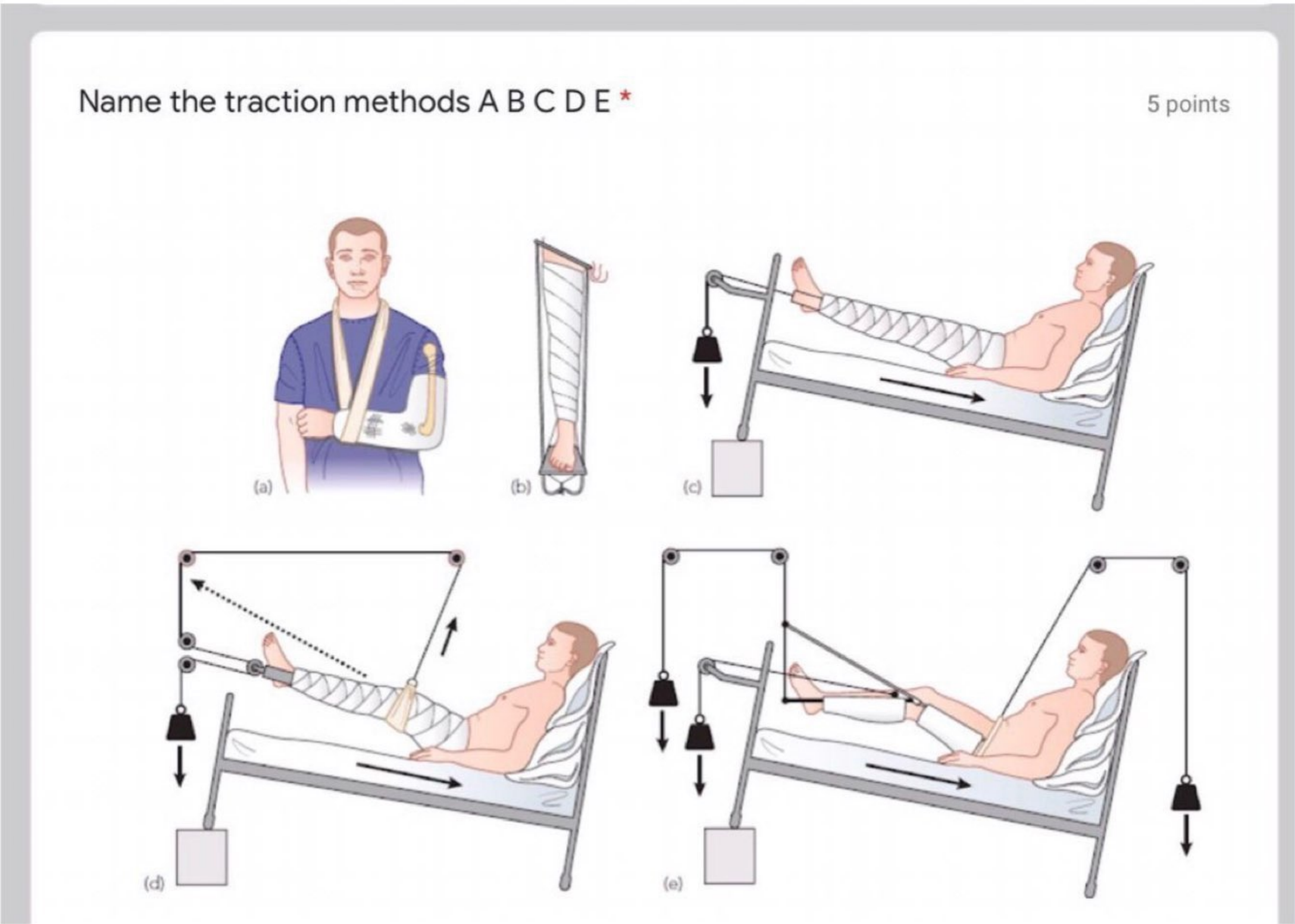
Answer:

-screw are placed into the tibial bone of right leg and a device is attached to the screws from outside the skin

-External fixation device

-open fracture with massive soft tissue damage ,compound fracture, pelvic fracture.

Q14/



Name the traction methods A B C D E *

5 points

Answer:

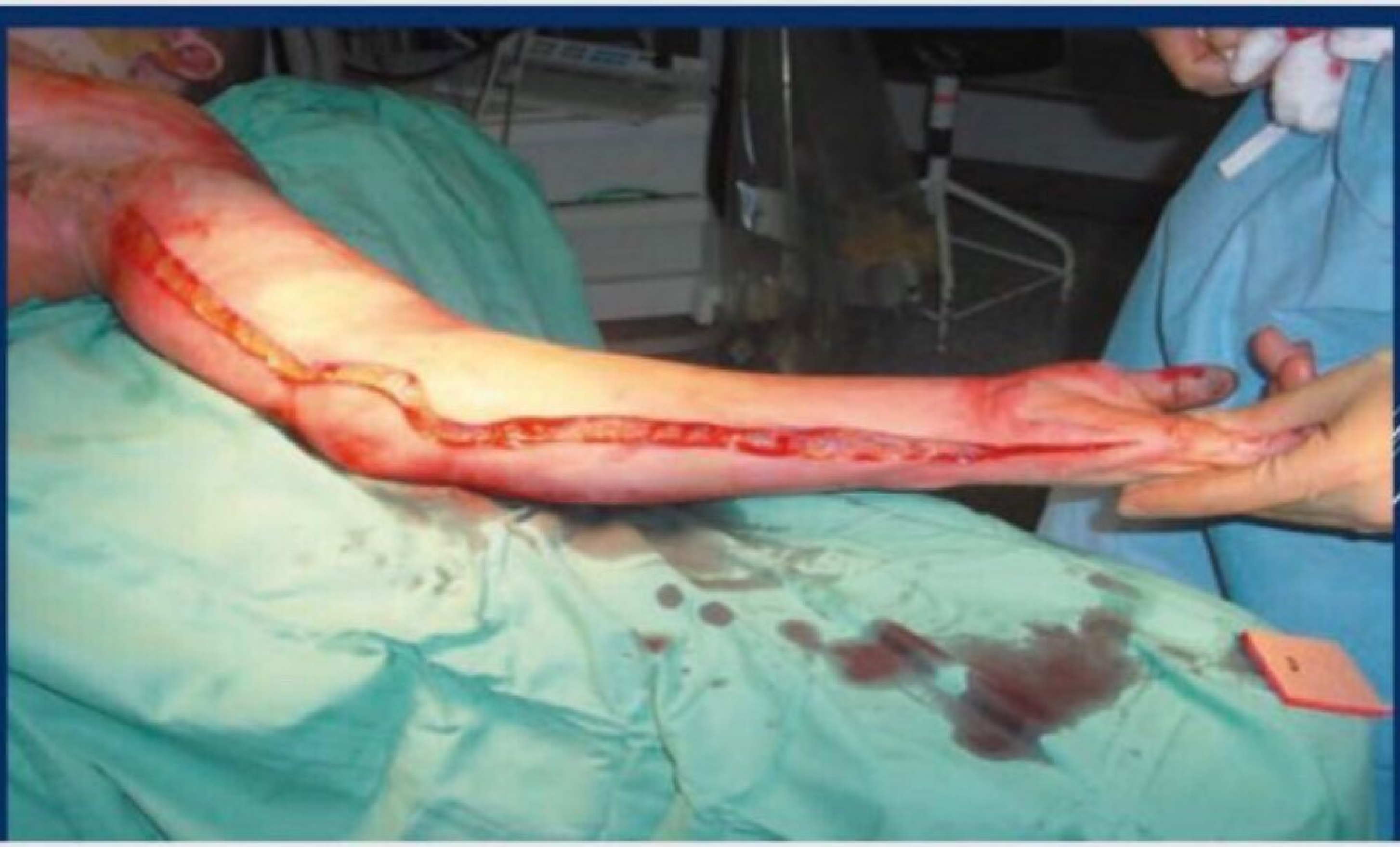
A.pop cast and back slab.

B. Thomas type splint.

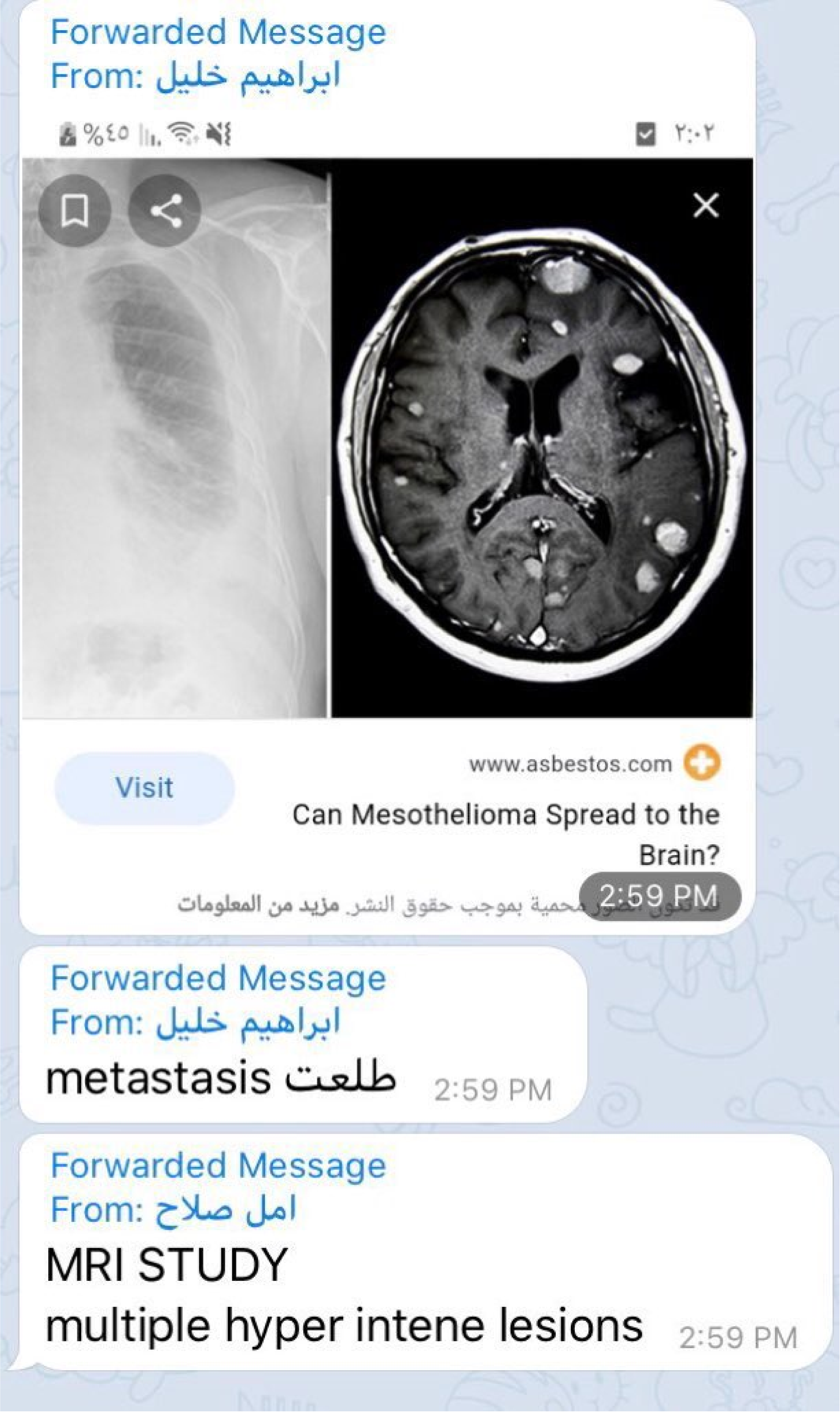
C. fixed traction on Thomas splint.

D.russels traction .

E.skeletal balanced traction .



Escharotomy procedure (to treat 3degree burns or full thickness burns)
To releive torniquite effect of burns by mid axial line



Forwarded Message
From: ابراهيم خليل

www.asbestos.com

Can Mesothelioma Spread to the Brain?

قد تكون [illegible] محمية بموجب حقوق النشر. **مزيد من المعلومات**

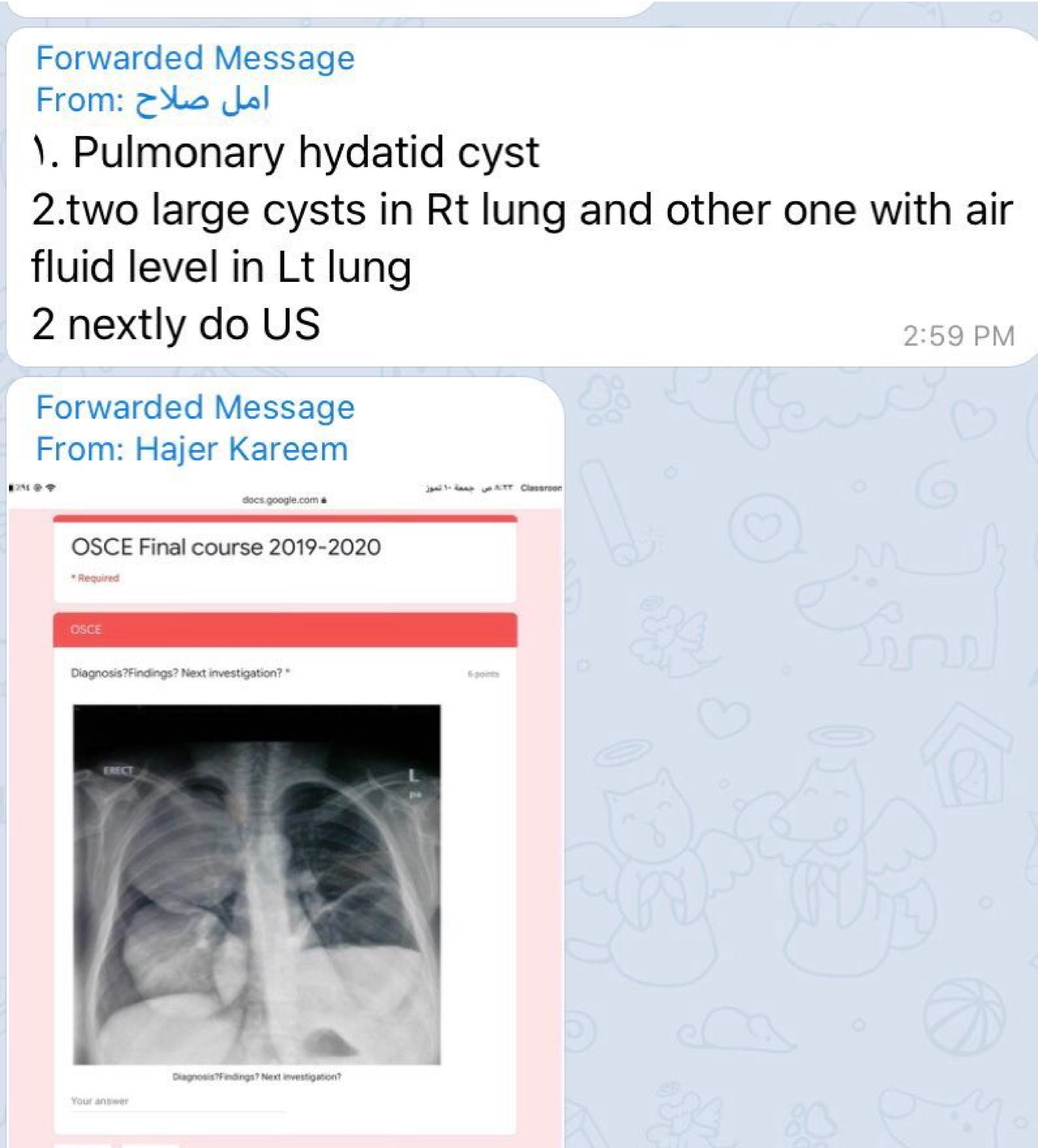
2:59 PM

Forwarded Message
From: ابراهيم خليل

metastasis طلعت 2:59 PM

Forwarded Message
From: امل صلاح

MRI STUDY
multiple hyper intene lesions 2:59 PM



Forwarded Message
From: امل صلاح

١. Pulmonary hydatid cyst
2.two large cysts in Rt lung and other one with air fluid level in Lt lung
2 nextly do US

2:59 PM

Forwarded Message
From: Hajer Kareem

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OSCE Final course 2019-2020

* Required

OSCE

Diagnosis?Findings? Next investigation? *

6 points

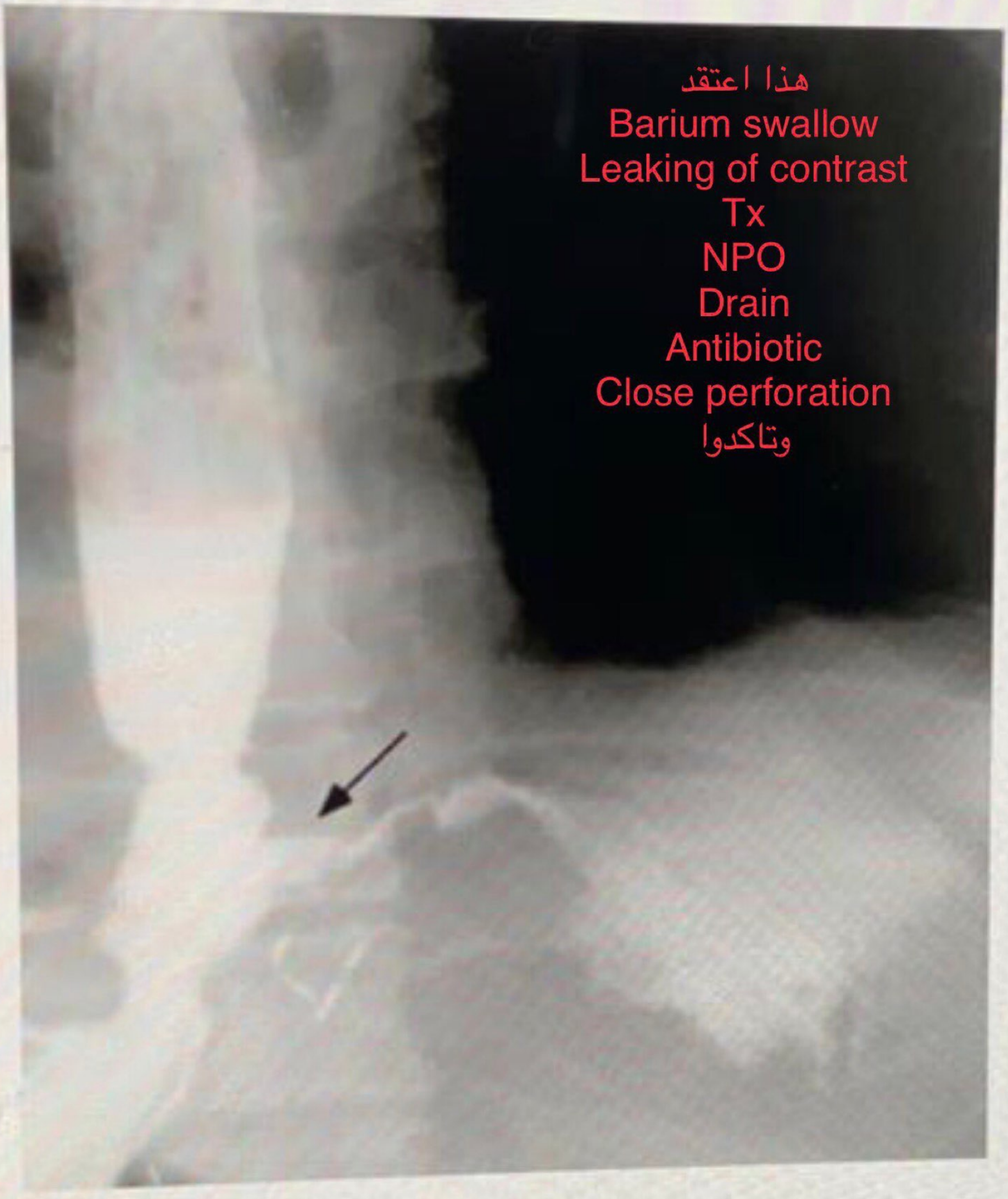
Diagnosis?Findings? Next investigation?

Your answer

OSCE

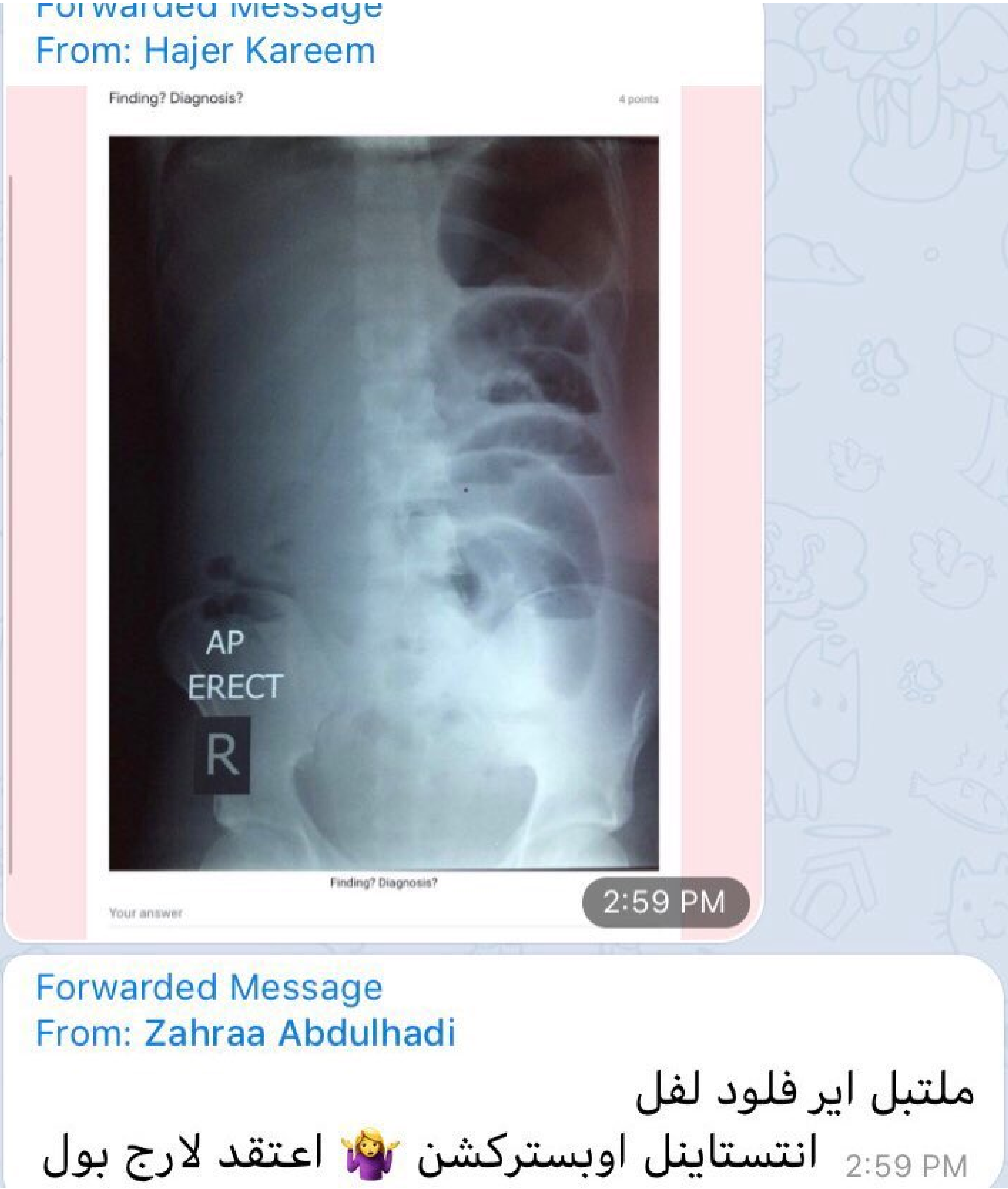
6 نقاط

Name the test? Finding? How
* ?treated



هذا اعتقد
Barium swallow
Leaking of contrast
Tx
NPO
Drain
Antibiotic
Close perforation
وتاكدوا

إجابتك



Forwarded Message
From: Hajer Kareem

Finding? Diagnosis? 4 points

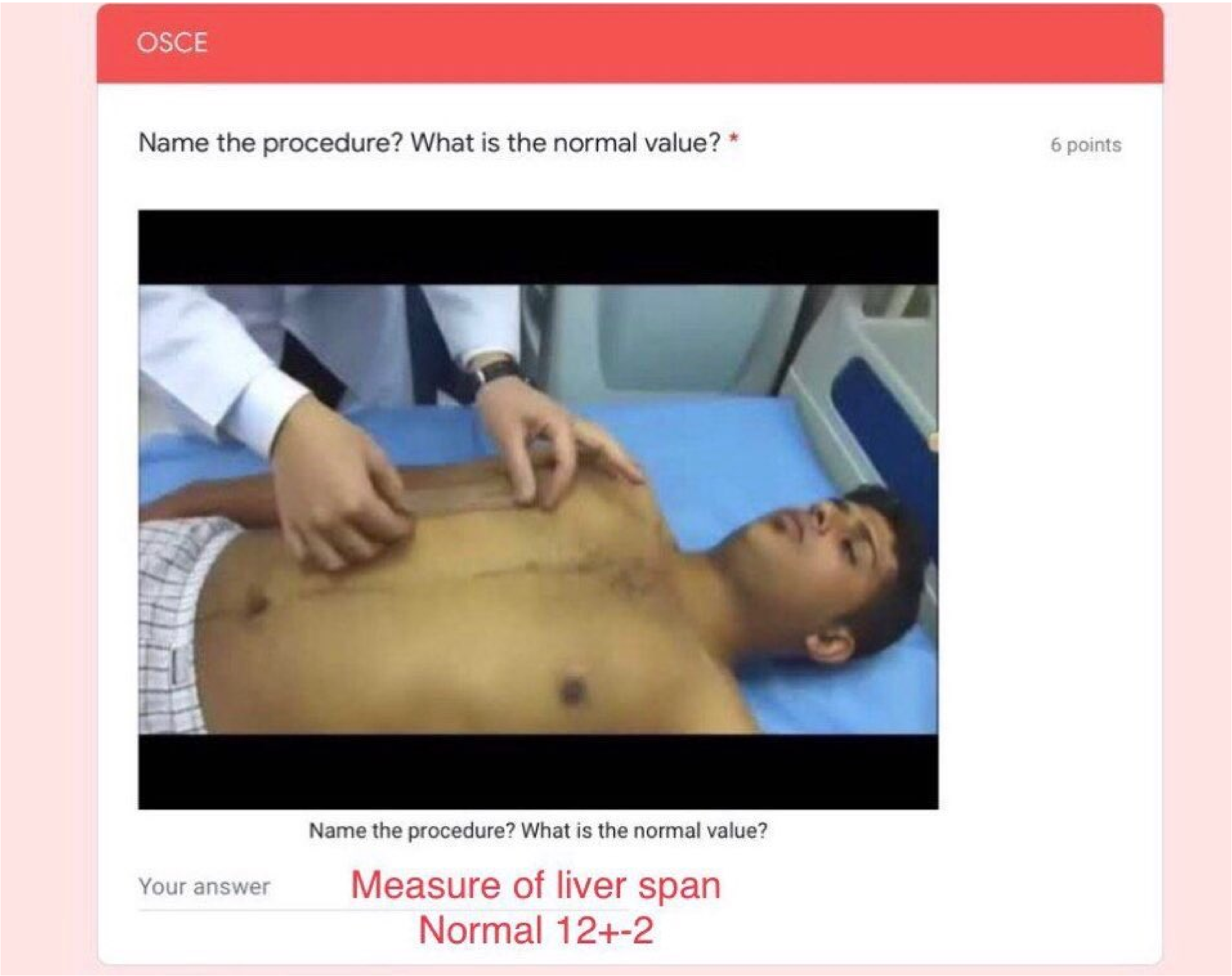
Finding? Diagnosis?

Your answer

2:59 PM

Forwarded Message
From: Zahraa Abdulhadi

ملتبل اير فلود لفل
انتستاينل اوبستركشن 🤷‍♀️ اعتقد لارج بول 2:59 PM



OSCE

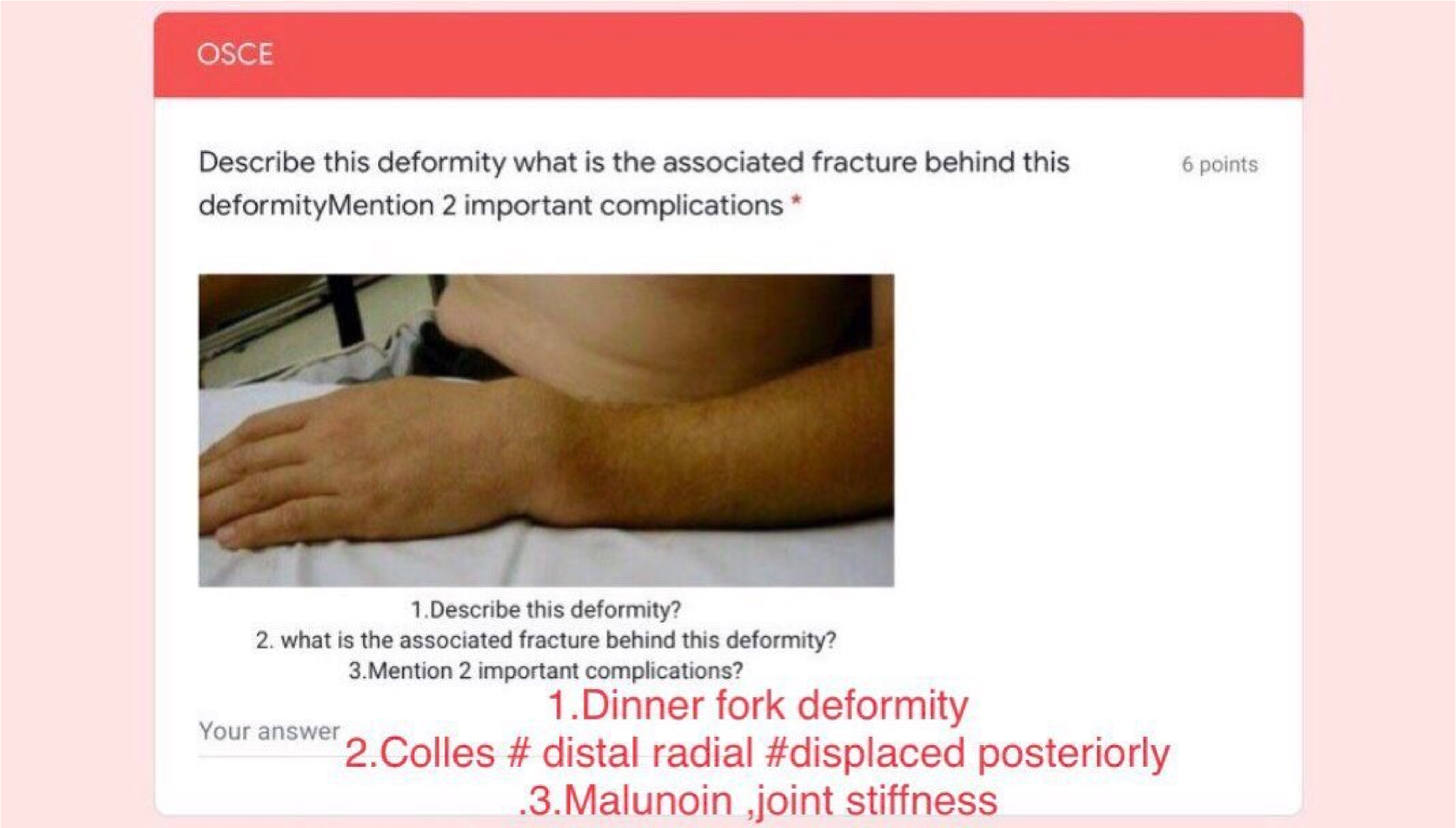
Name the procedure? What is the normal value? *

6 points

Name the procedure? What is the normal value?

Your answer

Measure of liver span
Normal 12+-2



OSCE

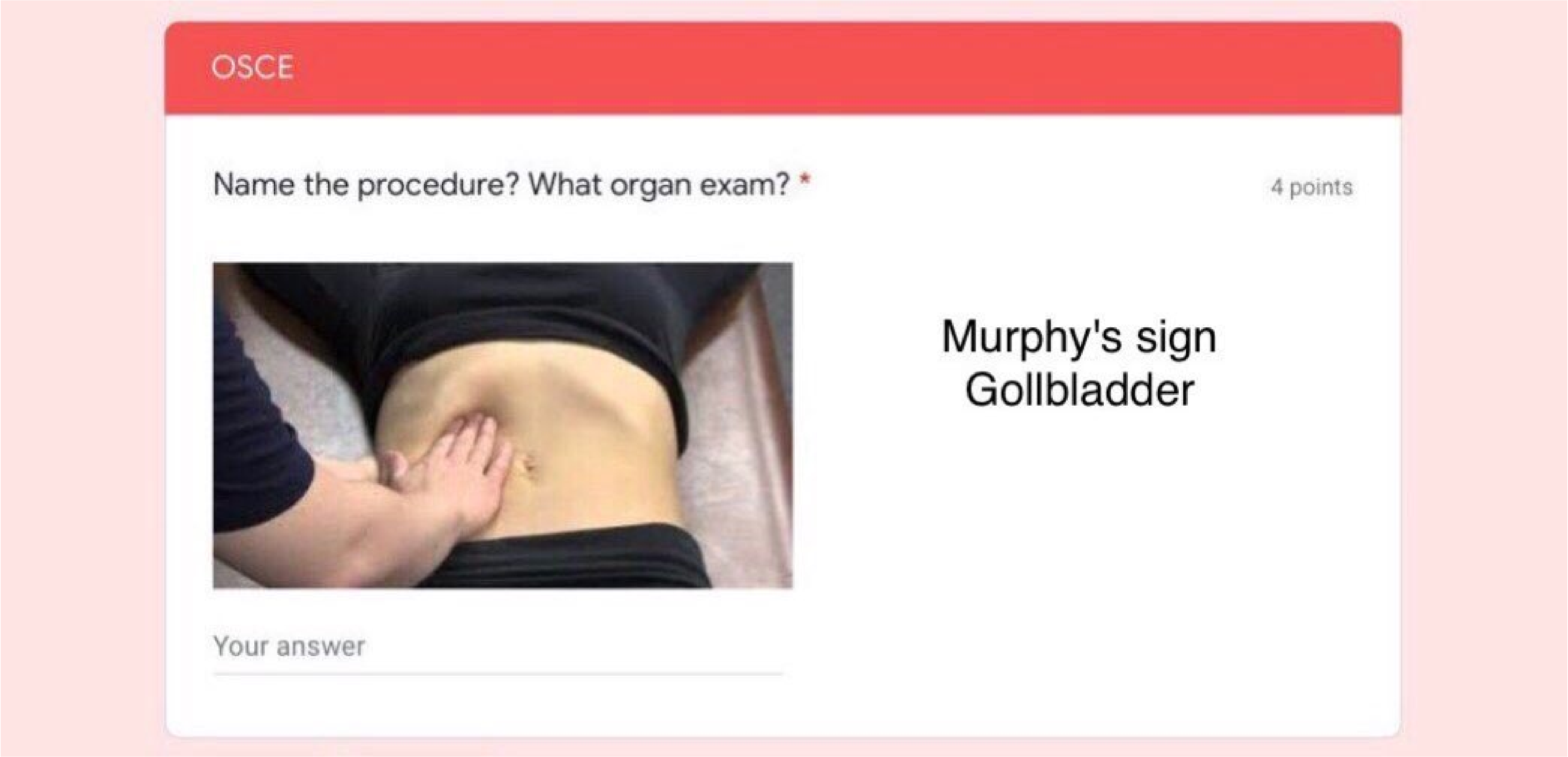
Describe this deformity what is the associated fracture behind this deformityMention 2 important complications *

6 points

1.Describe this deformity?
2. what is the associated fracture behind this deformity?
3.Mention 2 important complications?

Your answer

1.Dinner fork deformity
2.Colles # distal radial #displaced posteriorly
.3.Malunoin ,joint stiffness



OSCE

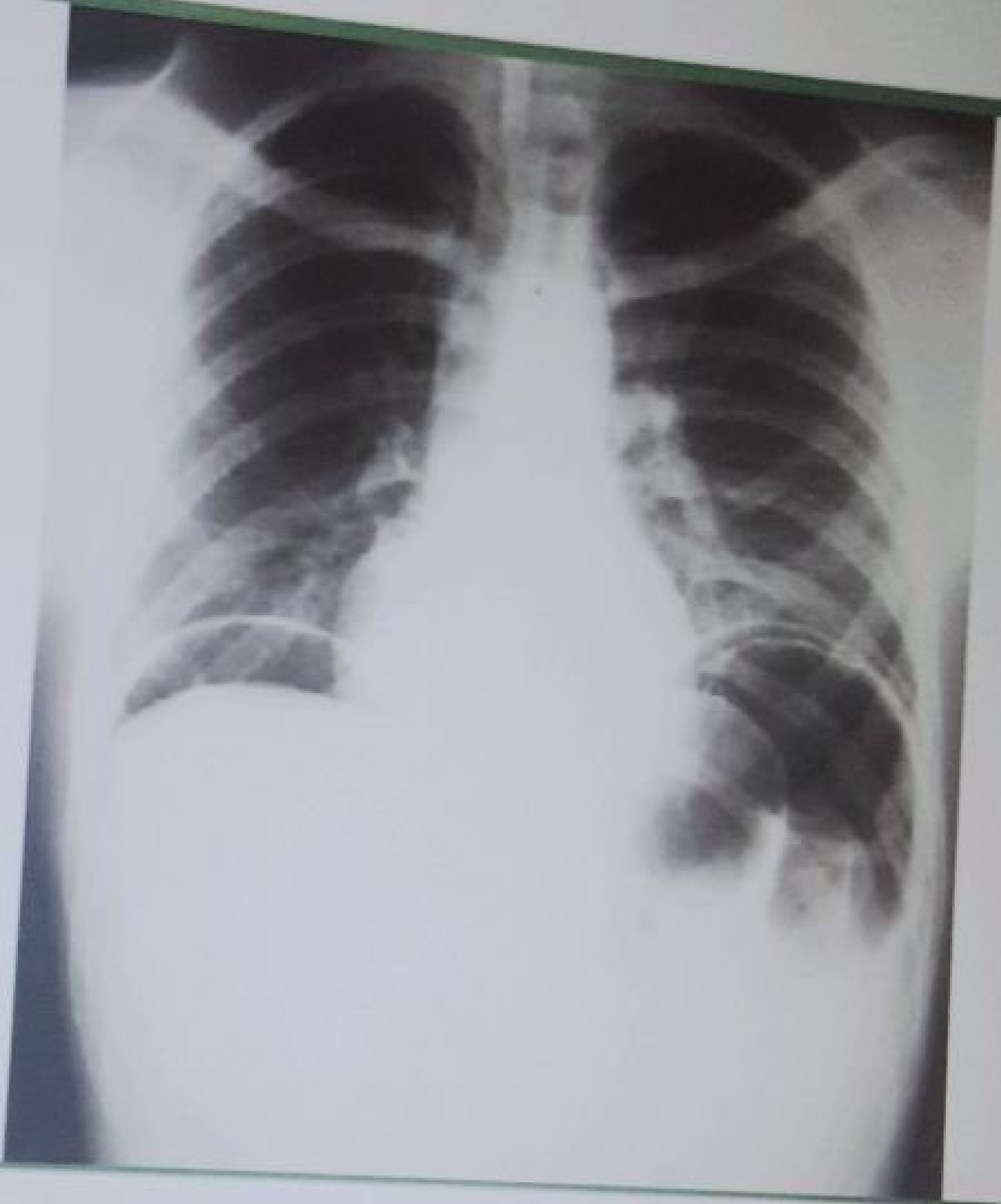
Name the procedure? What organ exam? *

4 points

Your answer

Murphy's sign
Gollbladder

Esophageal perforation



Chest film from a patient with Boerhaave syndrome reveals air under both diaphragmatic leaflets.

Courtesy of Robert E Mindelzun, MD, Department of Radiology, Stanford University.

Graphic 60957 Version 3.0

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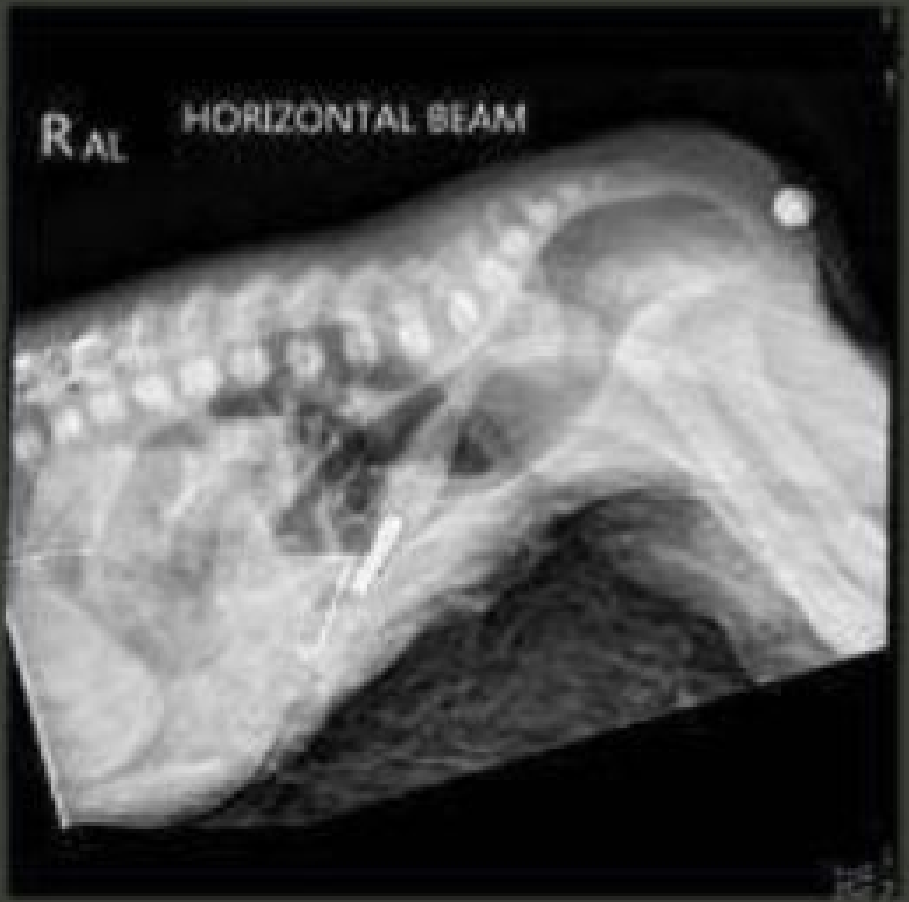
B612

Invertogram

A coin/metal piece is placed over the expected anus and the baby is turned upside down (for a minimum 3 minutes).

Distance of gas bubble in rectum from the metal piece is noted:
>2 cm: denotes high type
<2 cm: denotes low type



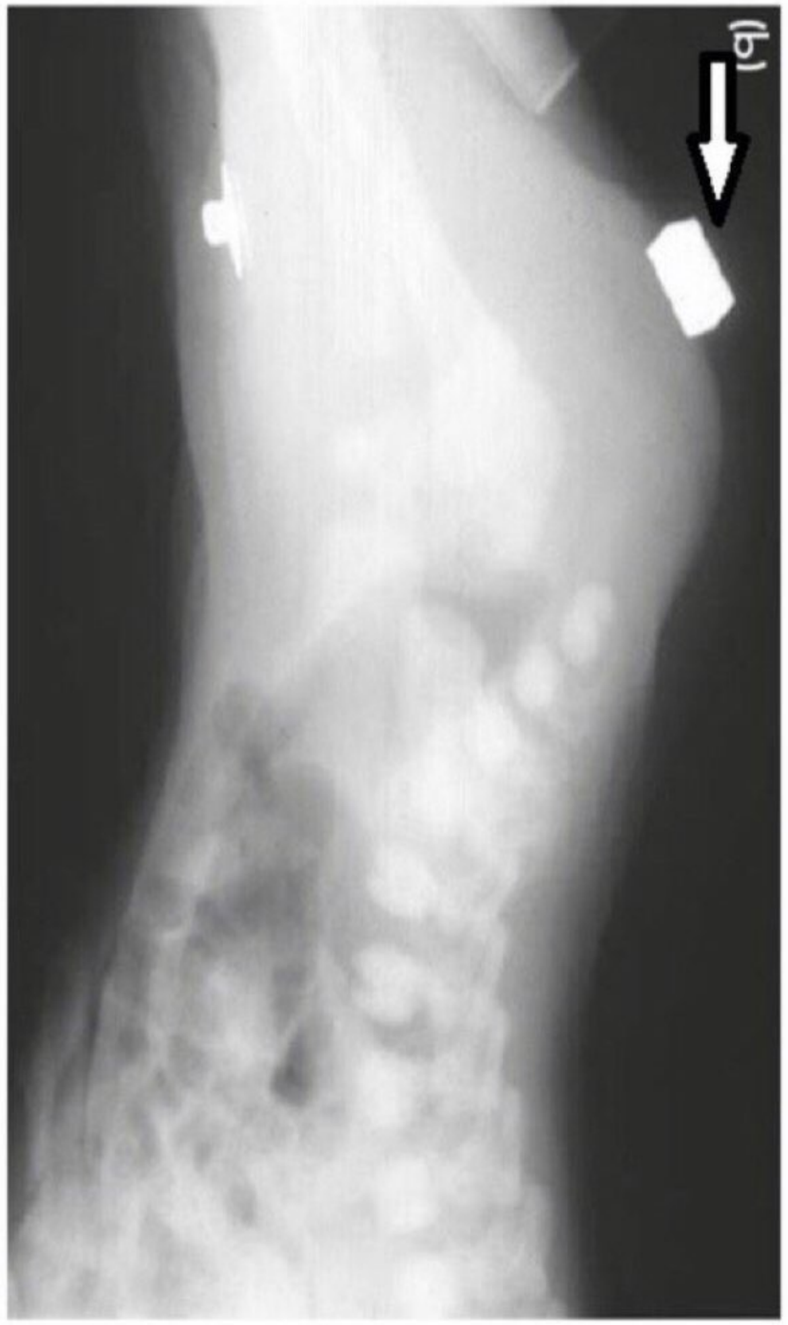
Q3/ Name the radiological test.. Mention one indication.. What is the arrow?

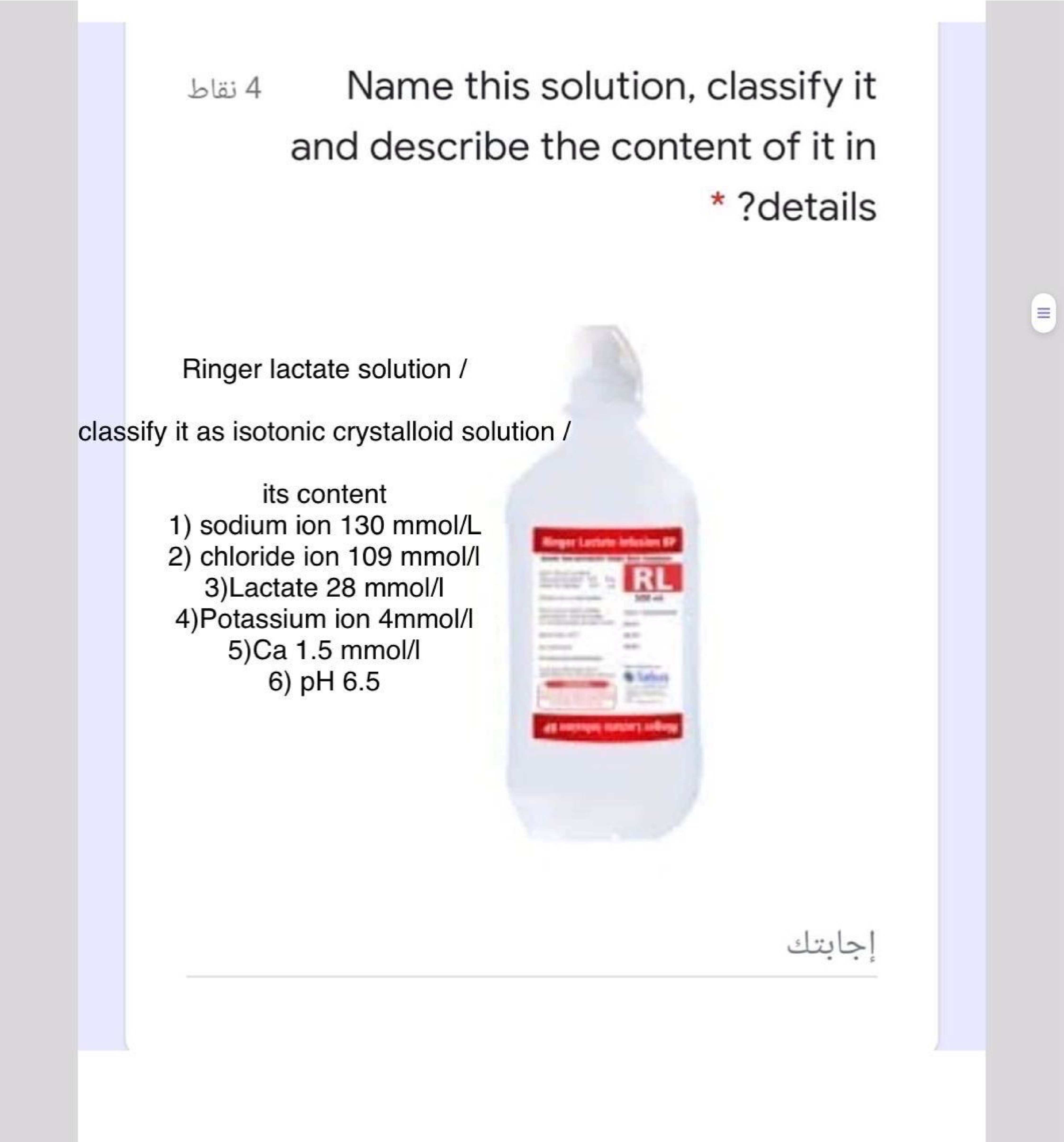
Answer:

1-lateral prone shoot-through radiograph

2- to diagnose imperforated anus

3- radio-opaque marker





4 نقاط

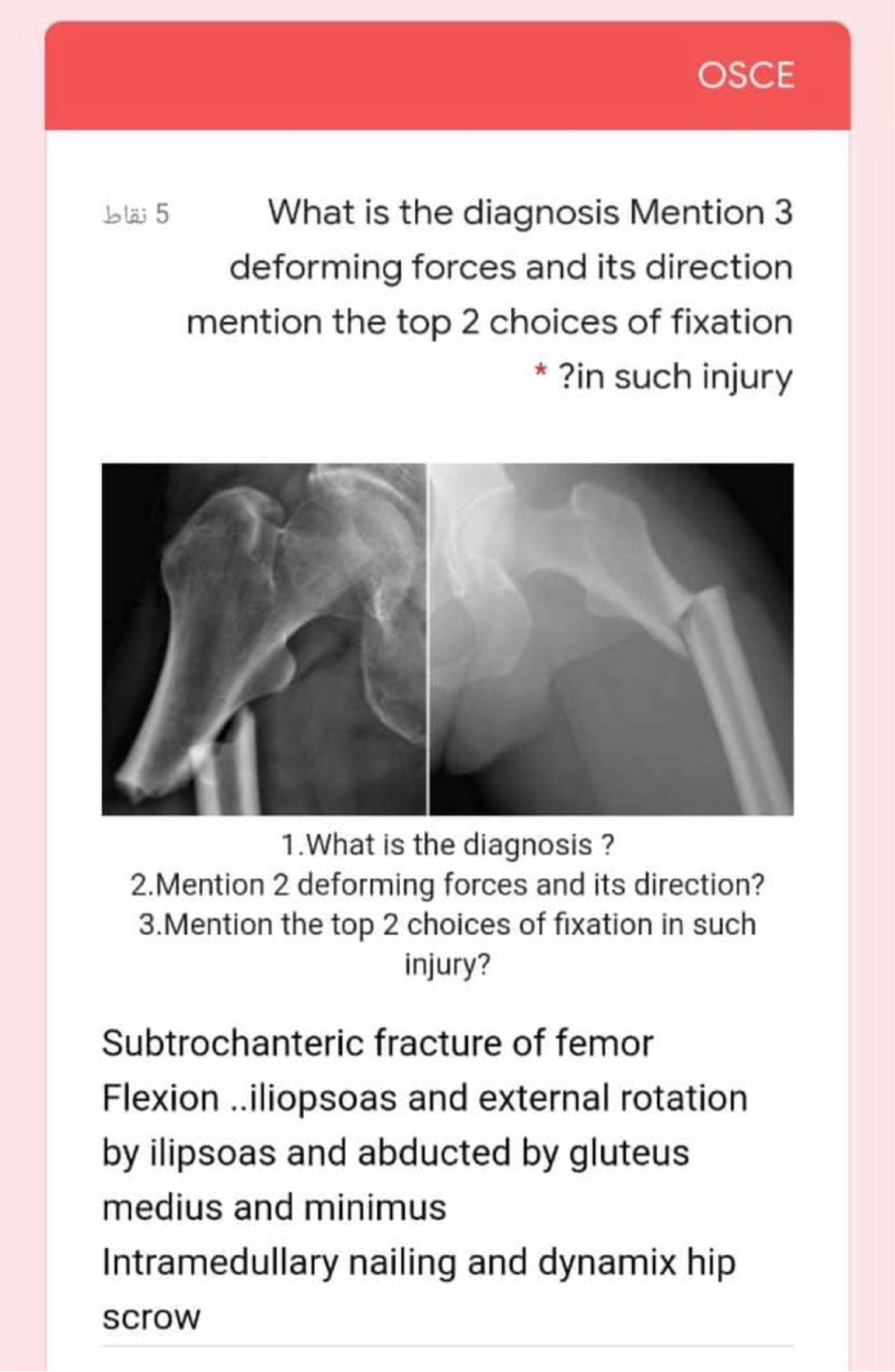
Name this solution, classify it and describe the content of it in ?details *

Ringer lactate solution /

classify it as isotonic crystalloid solution /

its content
1) sodium ion 130 mmol/L
2) chloride ion 109 mmol/l
3)Lactate 28 mmol/l
4)Potassium ion 4mmol/l
5)Ca 1.5 mmol/l
6) pH 6.5

إجابتك



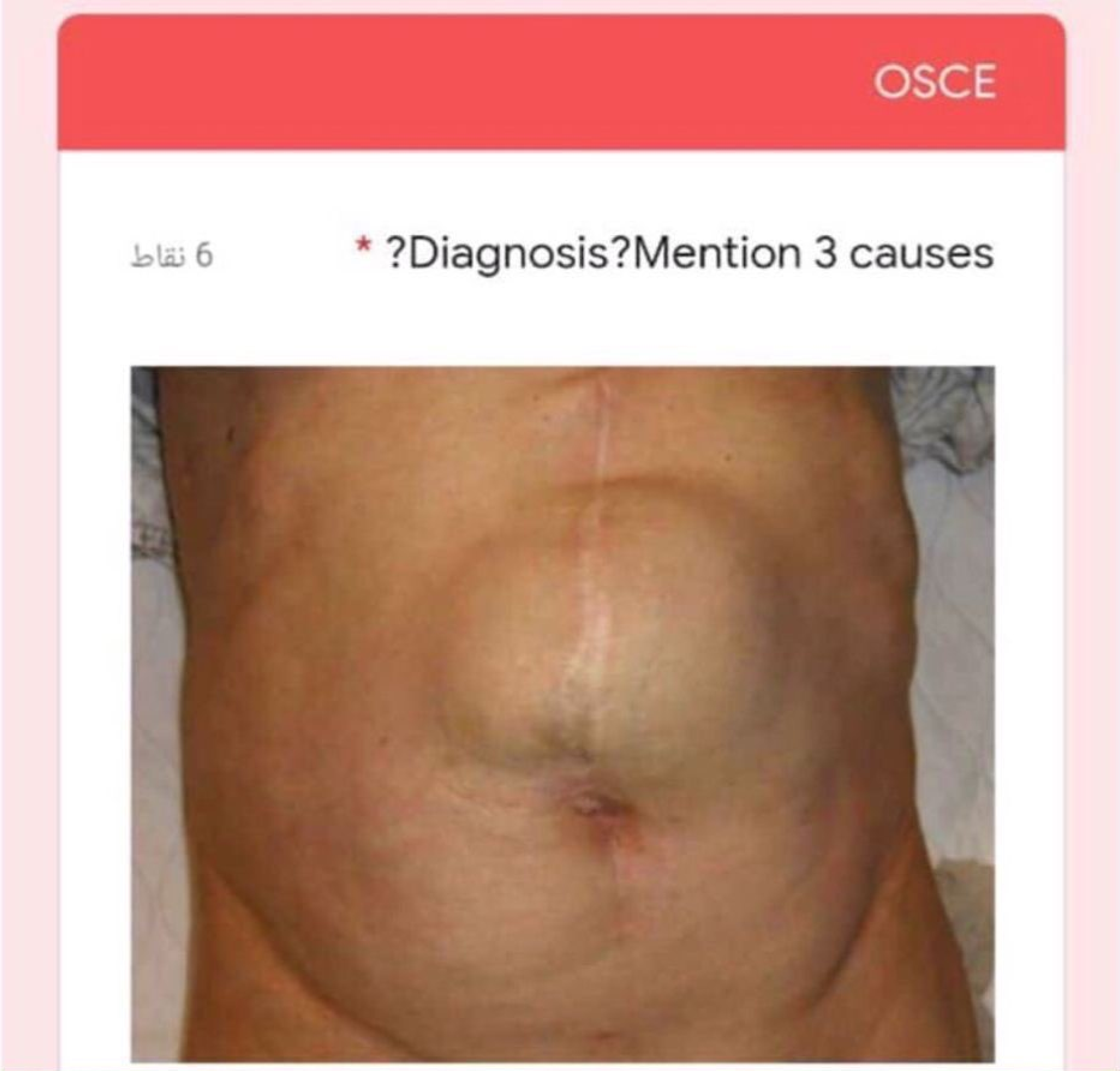
OSCE

5 نقاط

What is the diagnosis Mention 3 deforming forces and its direction mention the top 2 choices of fixation * ?in such injury

1.What is the diagnosis ?
2.Mention 2 deforming forces and its direction?
3.Mention the top 2 choices of fixation in such injury?

Subtrochanteric fracture of femor
Flexion ..iliopsoas and external rotation by ilipsoas and abducted by gluteus medius and minimus
Intramedullary nailing and dynamix hip scrow



OSCE

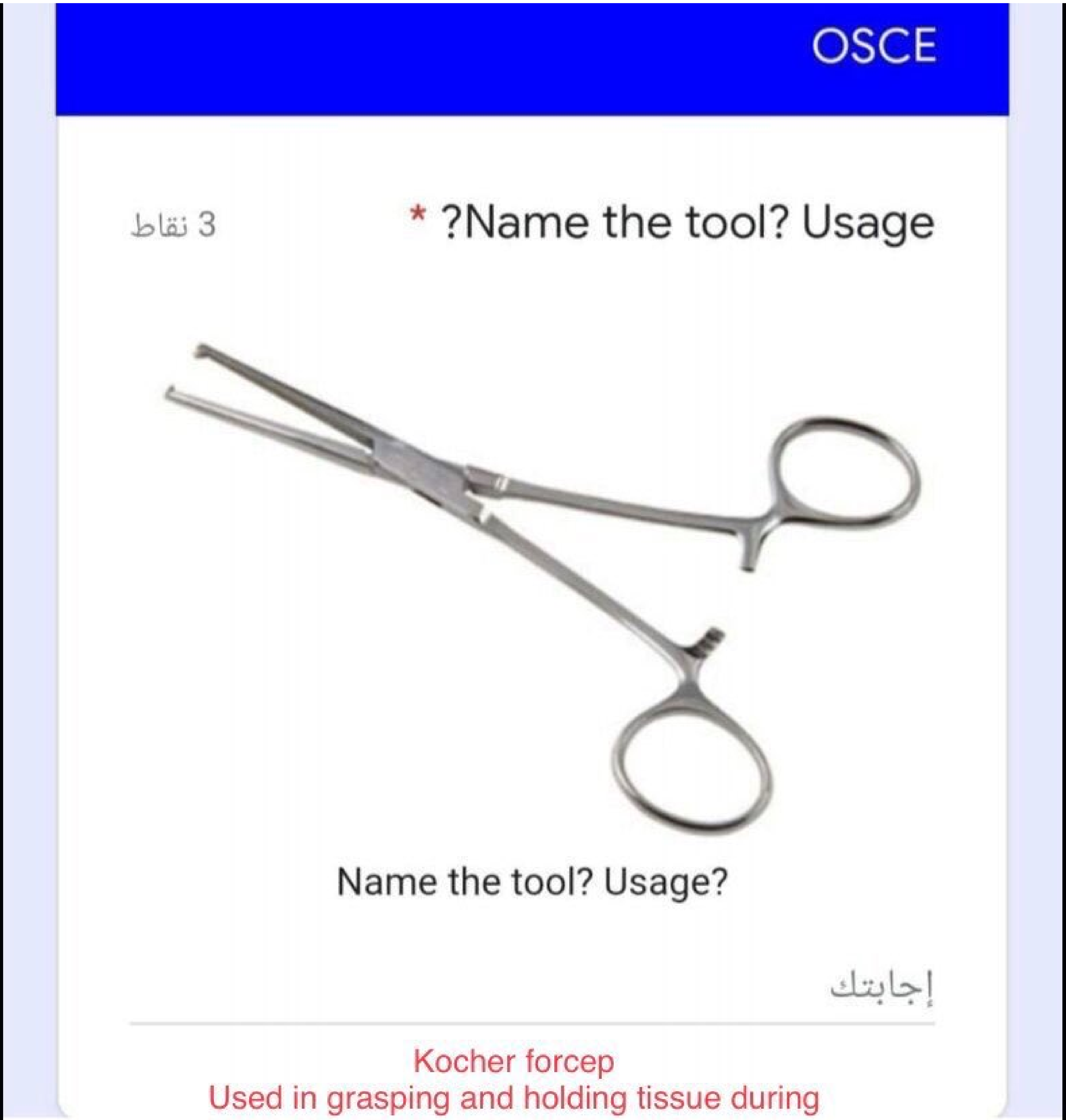
6 نقاط

* ?Diagnosis?Mention 3 causes

A)Clinical presentation of a patient with a large incisional hernia

B) post operative wound infection , cough ، lung collapse

Or from general patient conditions as anemia , DM



OSCE

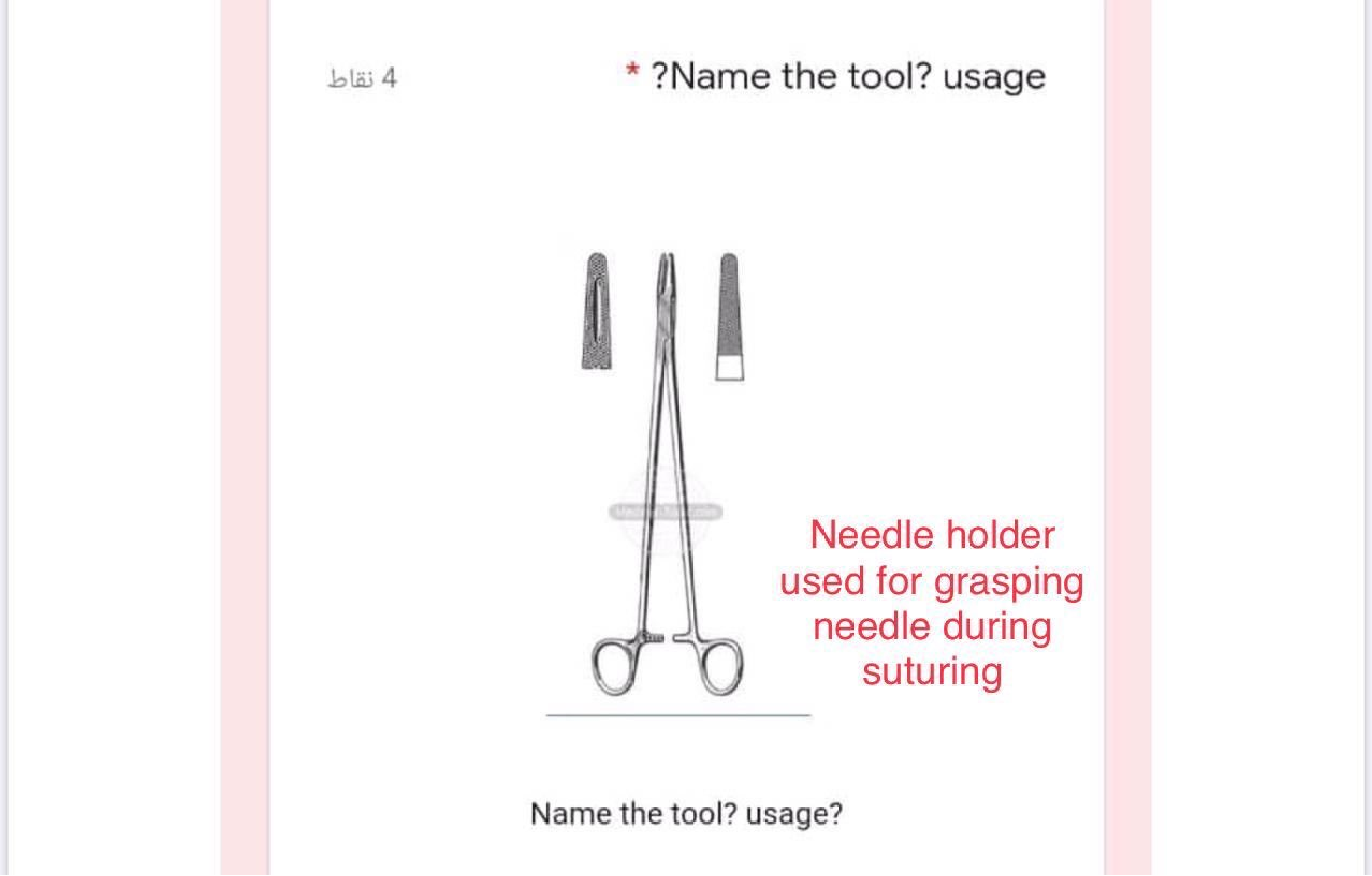
3 نقاط

* ?Name the tool? Usage

Name the tool? Usage?

إجابتك

Kocher forcep
Used in grasping and holding tissue during surgery



4 نقاط

* ?Name the tool? usage

Needle holder used for grasping needle during suturing

Name the tool? usage?

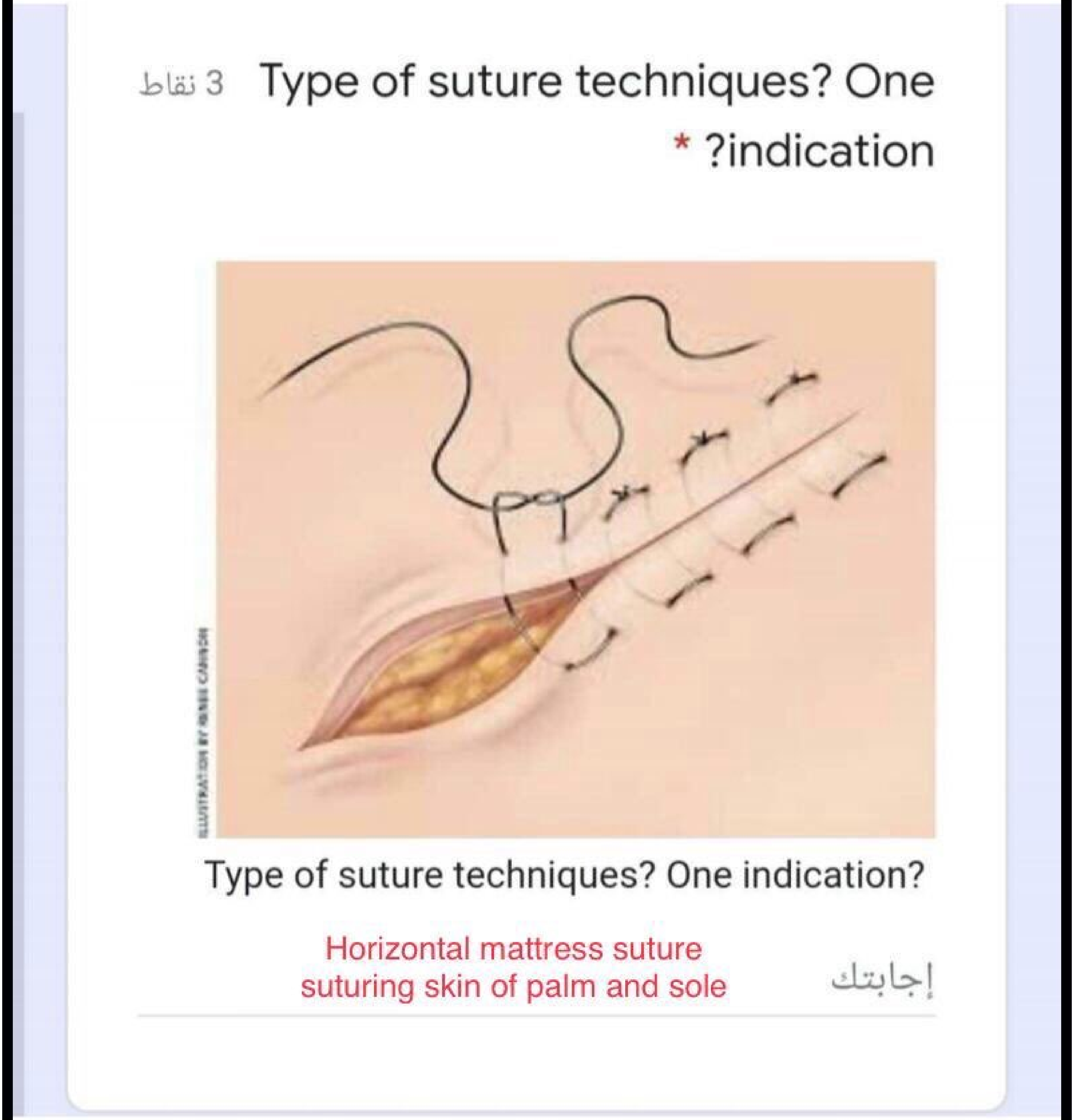


ILLUSTRATION BY RENEE CANNON

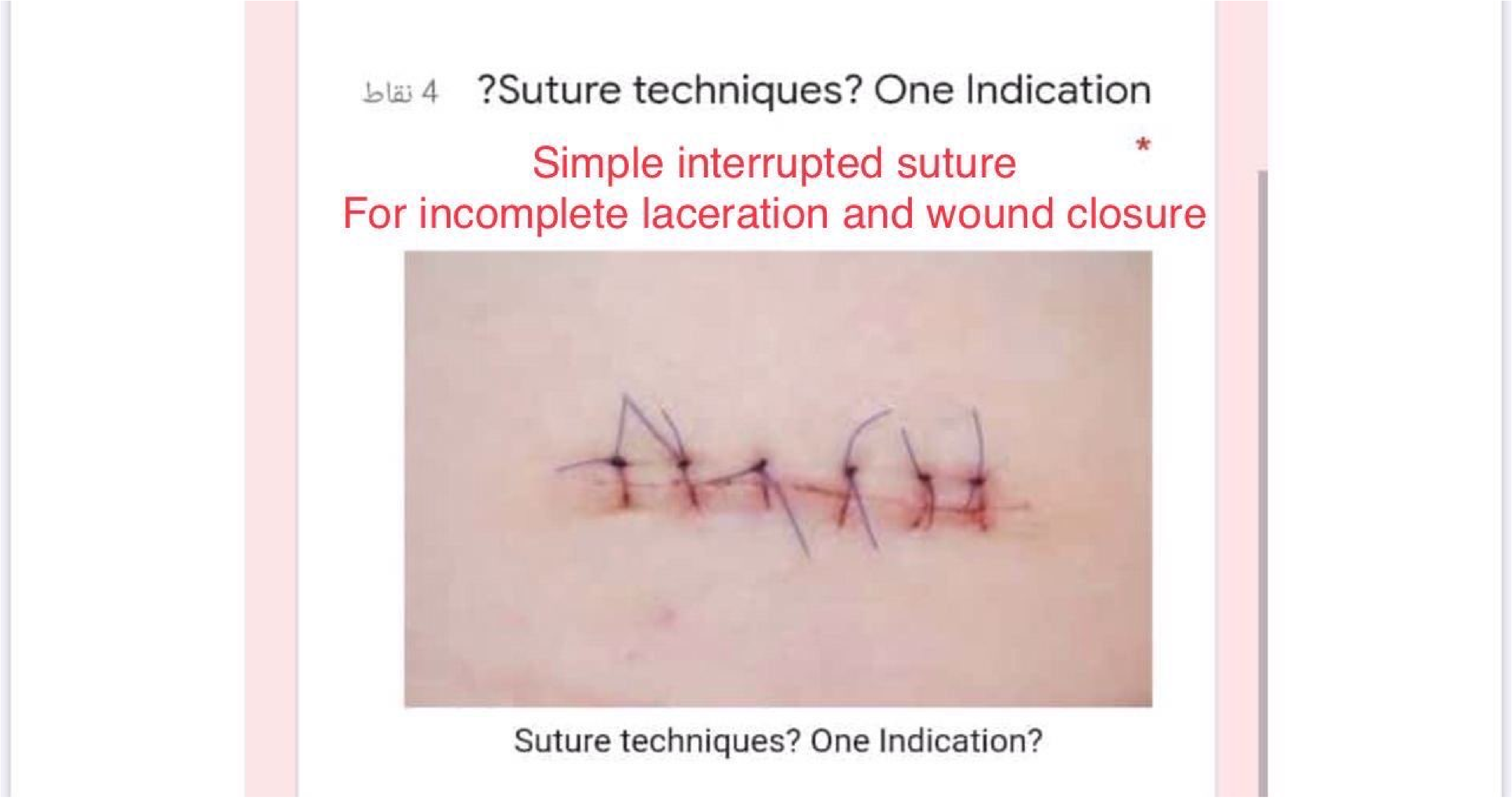
3 نقاط Type of suture techniques? One
* ?indication

Type of suture techniques? One indication?

Horizontal mattress suture
suturing skin of palm and sole

إجابتك

الممسوحة ضوئيا بـ CamScanner



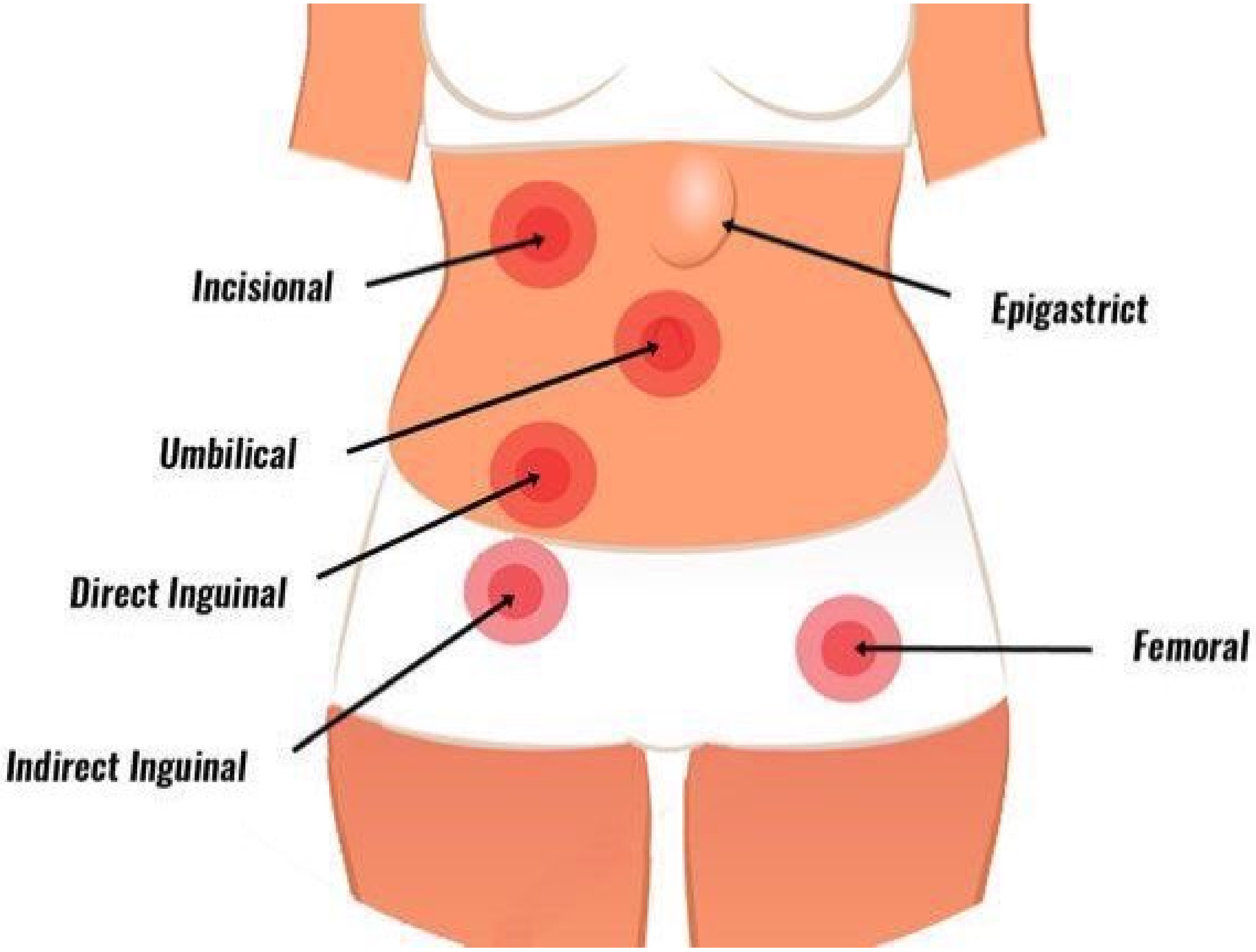
4 نقاط ?Suture techniques? One Indication

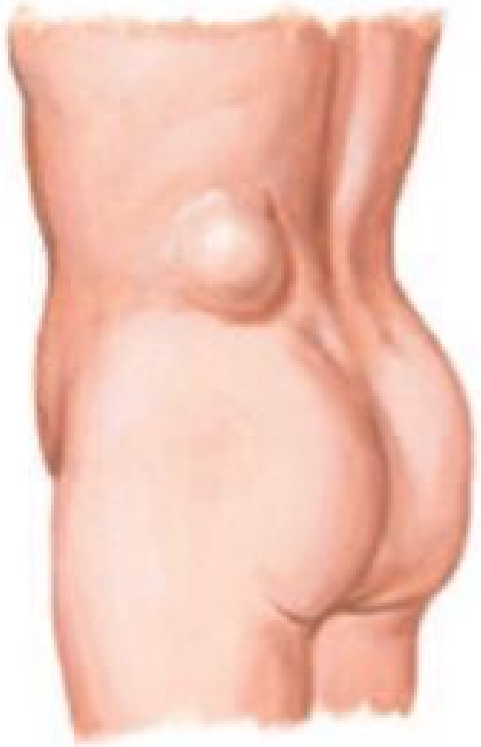
*

Simple interrupted suture

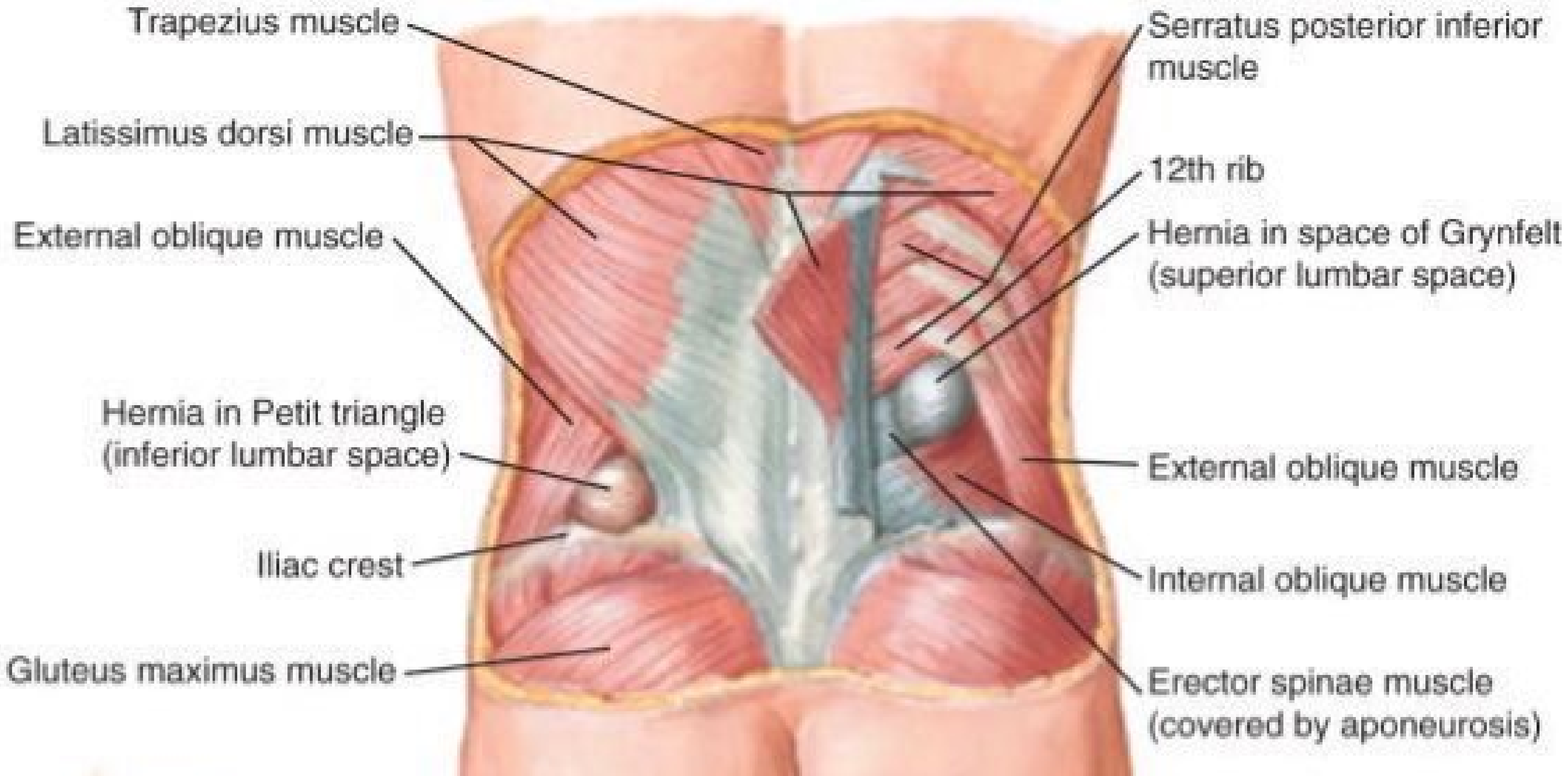
For incomplete laceration and wound closure

Suture techniques? One Indication?

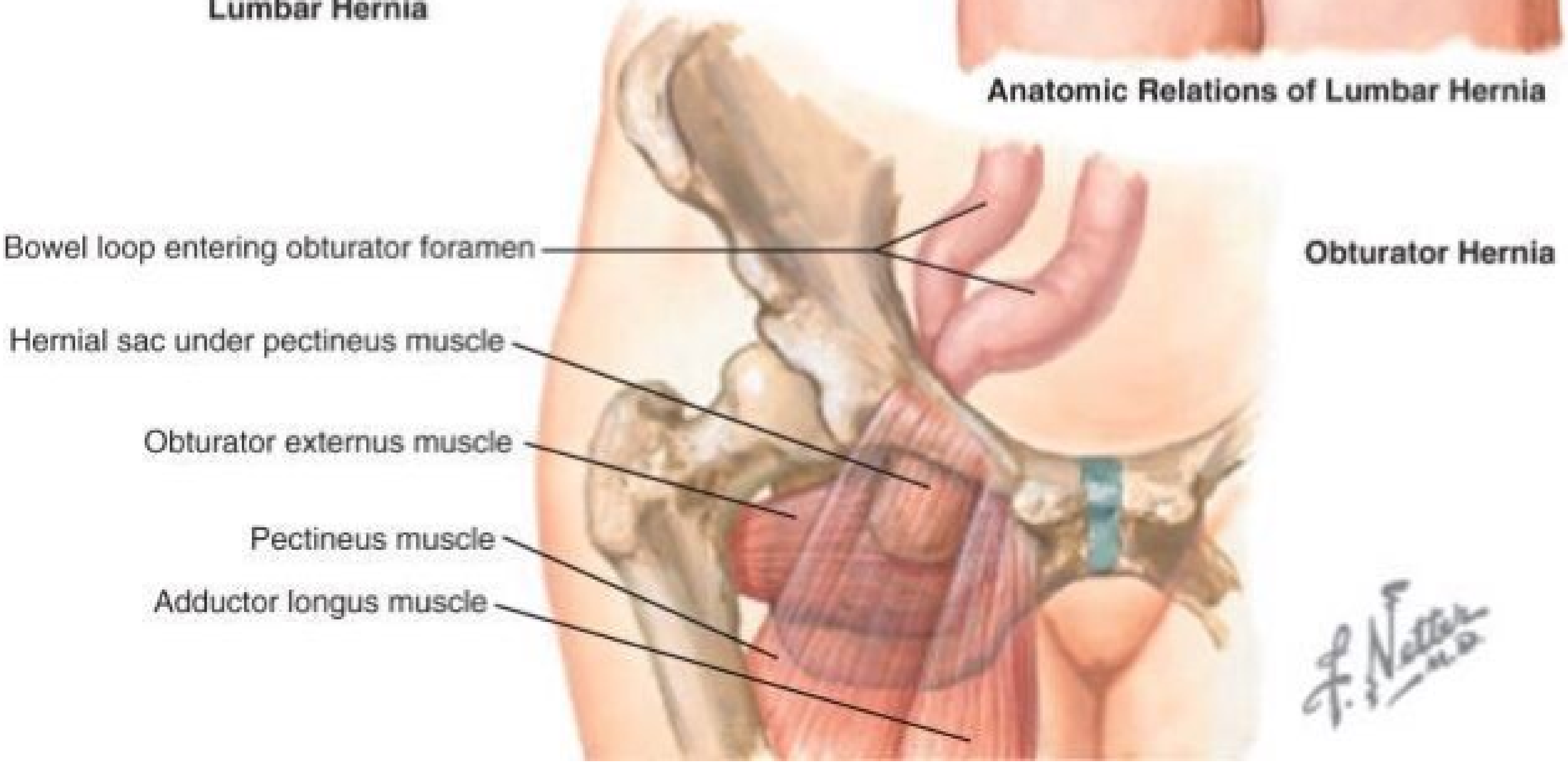

Incisional
Epigastrict
Umbilical
Direct Inguinal
Femoral
Indirect Inguinal



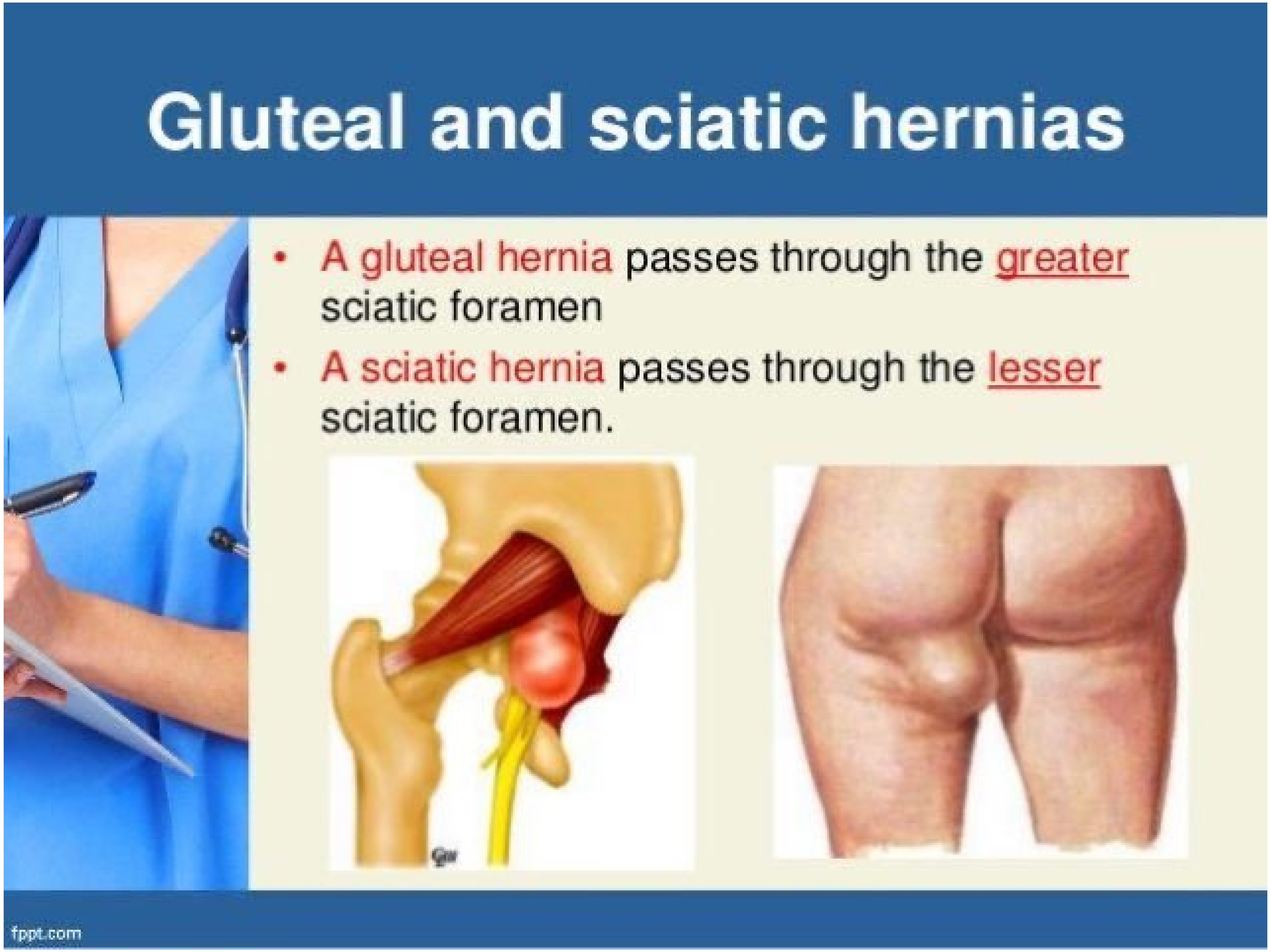
Lumbar Hernia


Trapezius muscle
Latissimus dorsi muscle
External oblique muscle
Hernia in Petit triangle (inferior lumbar space)
Iliac crest
Gluteus maximus muscle
Serratus posterior inferior muscle
12th rib
Hernia in space of Grynfelt (superior lumbar space)
External oblique muscle
Internal oblique muscle
Erector spinae muscle (covered by aponeurosis)

Anatomic Relations of Lumbar Hernia

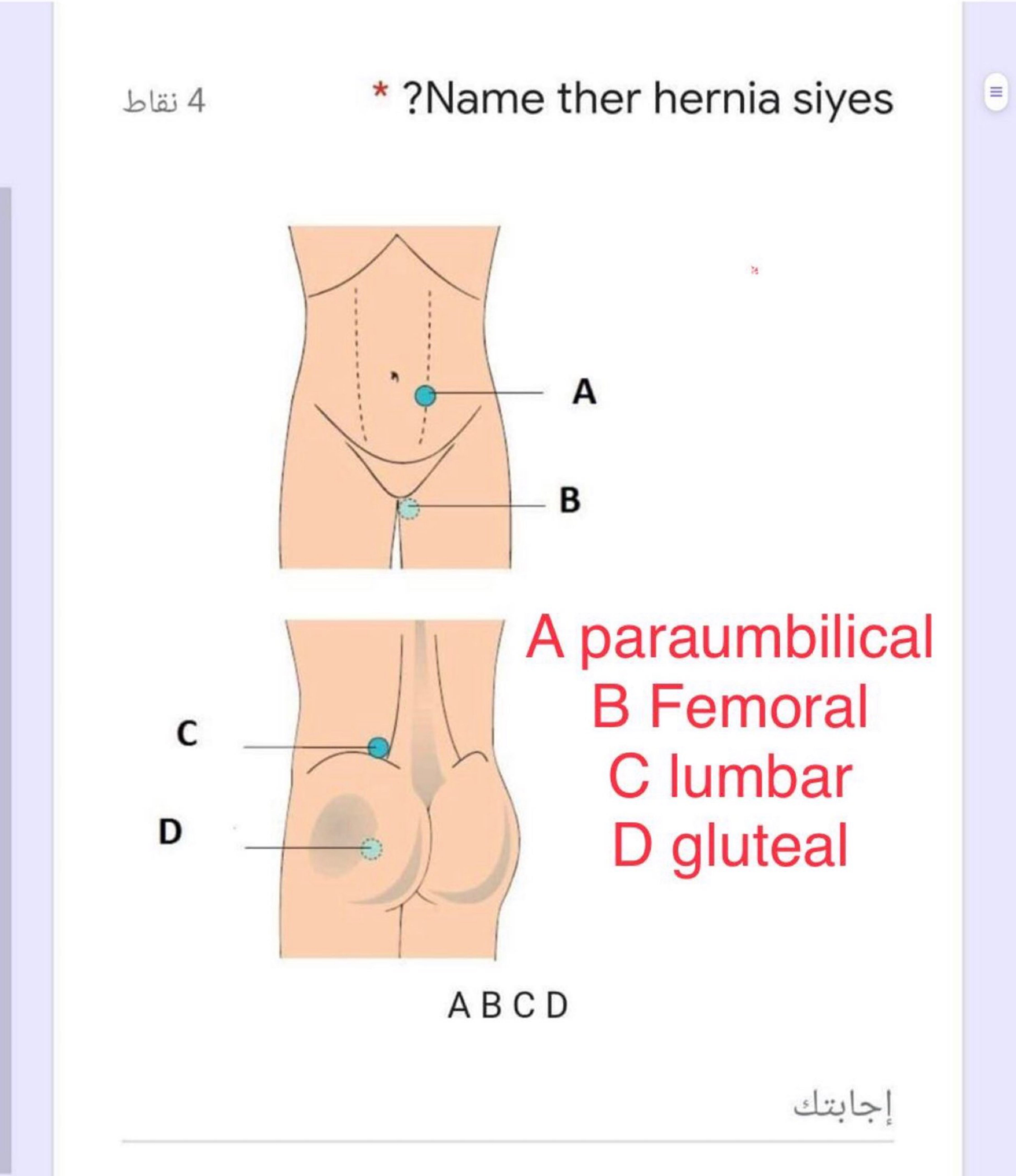

Bowel loop entering obturator foramen
Hernial sac under pectineus muscle
Obturator externus muscle
Pectineus muscle
Adductor longus muscle

Obturator Hernia



Gluteal and sciatic hernias

- A gluteal hernia passes through the greater sciatic foramen
- A sciatic hernia passes through the lesser sciatic foramen.



4 نقاط

* ?Name ther hernia siyes

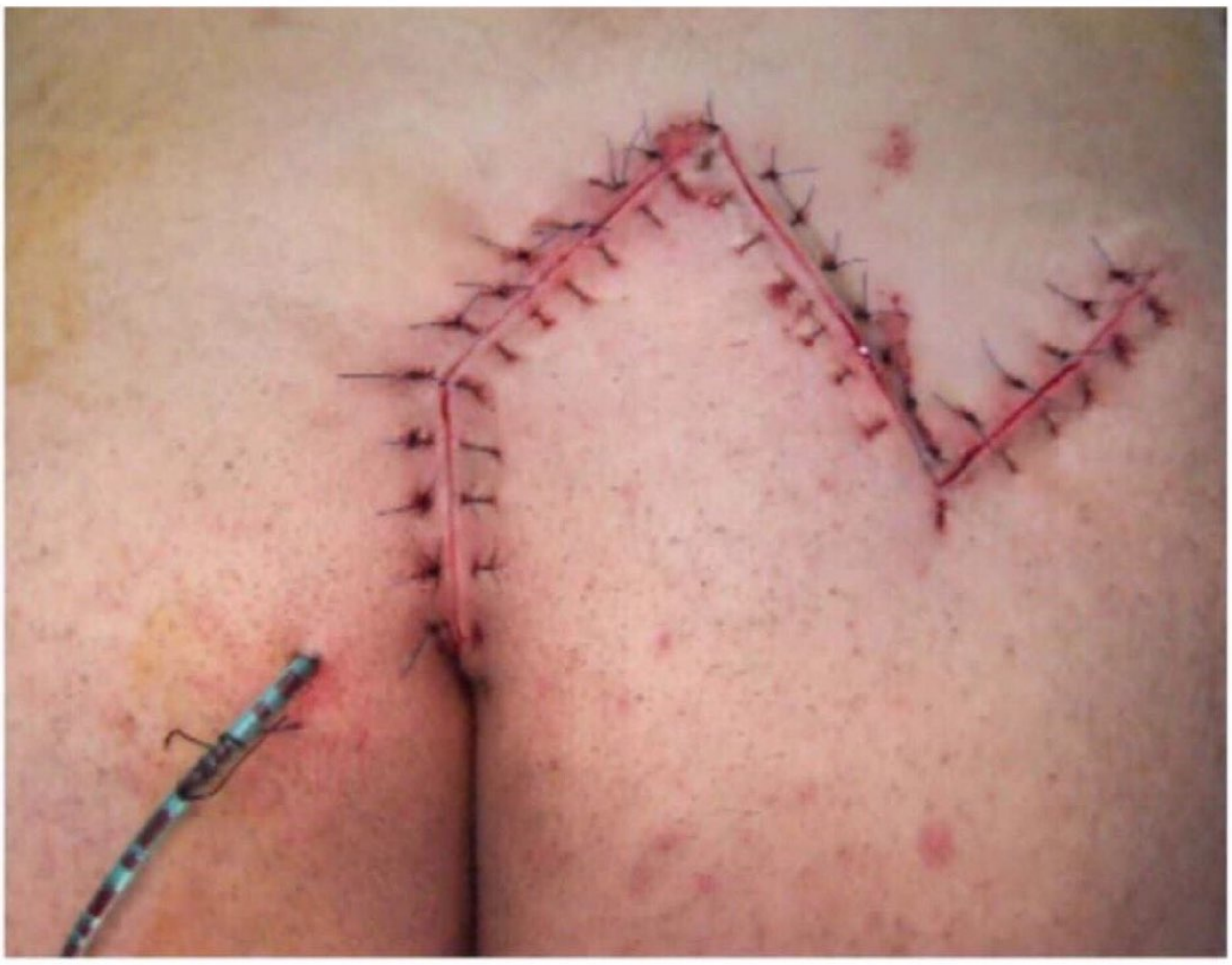
A paraumbilical
B Femoral
C lumbar
D gluteal

A B C D

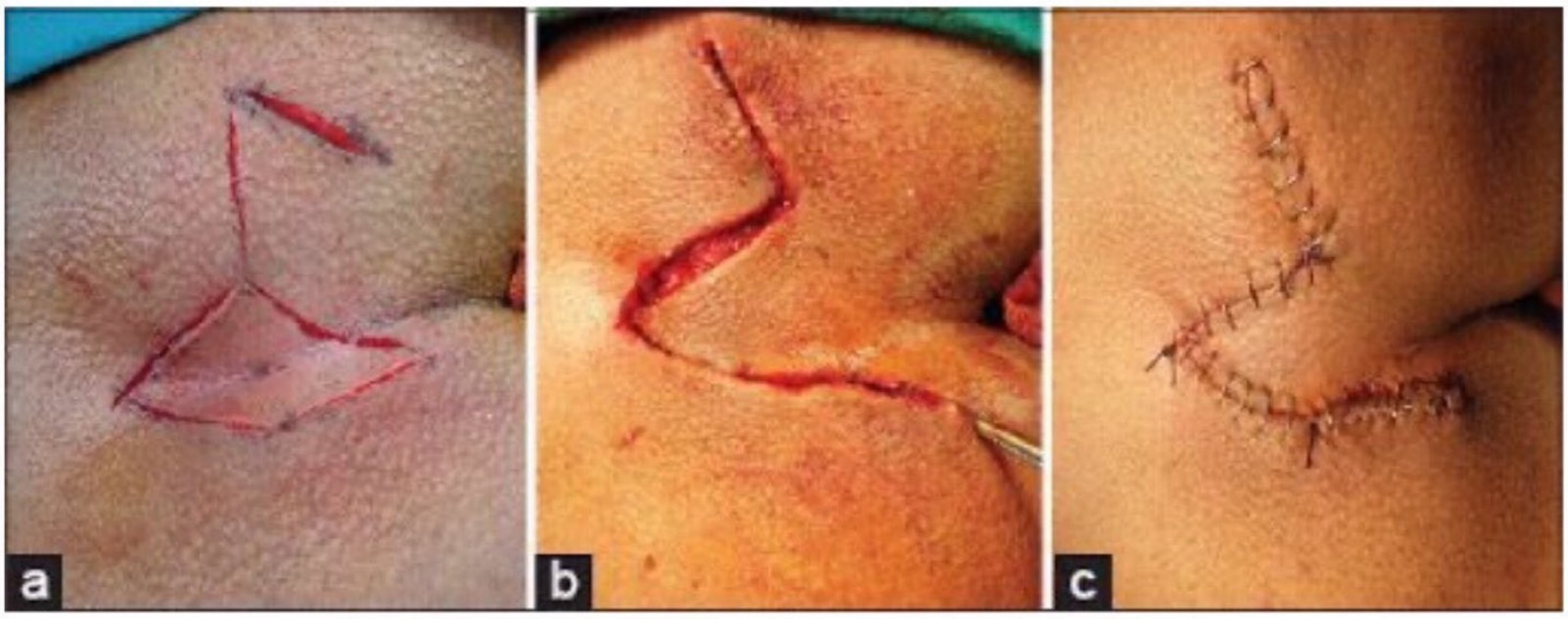
إجابتك

Rhomboid excision with limberg Transposition Flab

Surgery for pilonidal sinus
Green tube is drain



Type of surgery? one indication? What is a green tube?



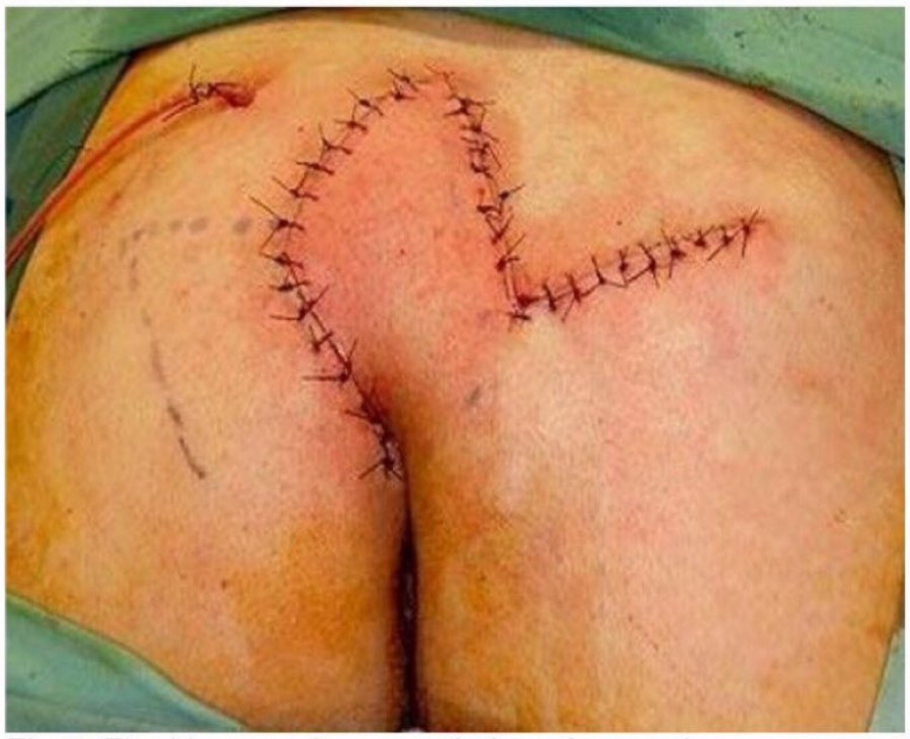
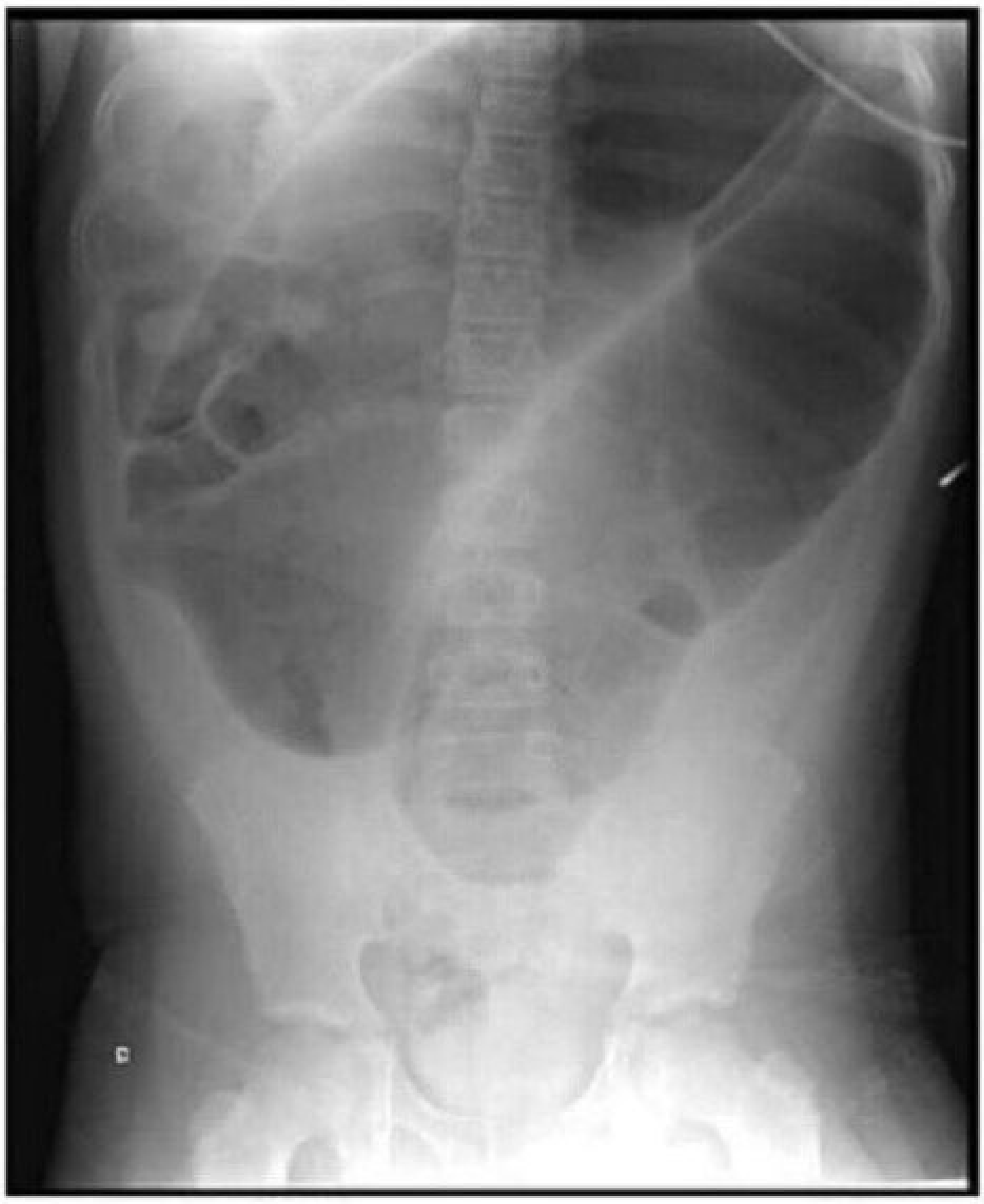


Fig.5: Final image after completion of procedure

6 نقاط Describe the finding ?. What do we call this sign? What is the ?surgical option in this case *



Plain abdominal x ray show hugely intestinal dilated loops (valvulus)

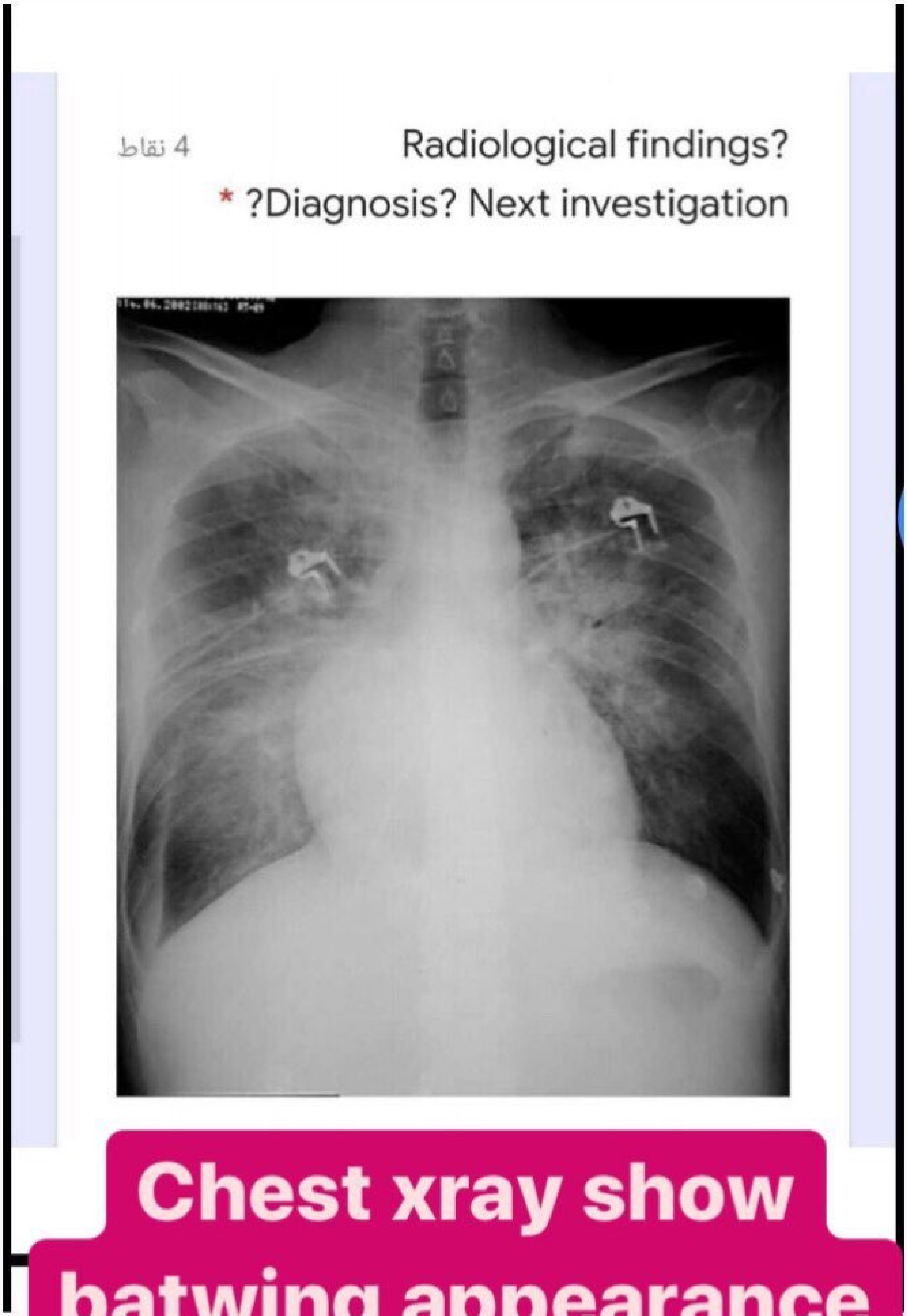
الممسوحة

Cofee bean sign

Exploration

if there's viable bowels just derotation

If not viable perform bowel resection of the affected segment and end to end anastomosis



4 نقاط

Radiological findings?

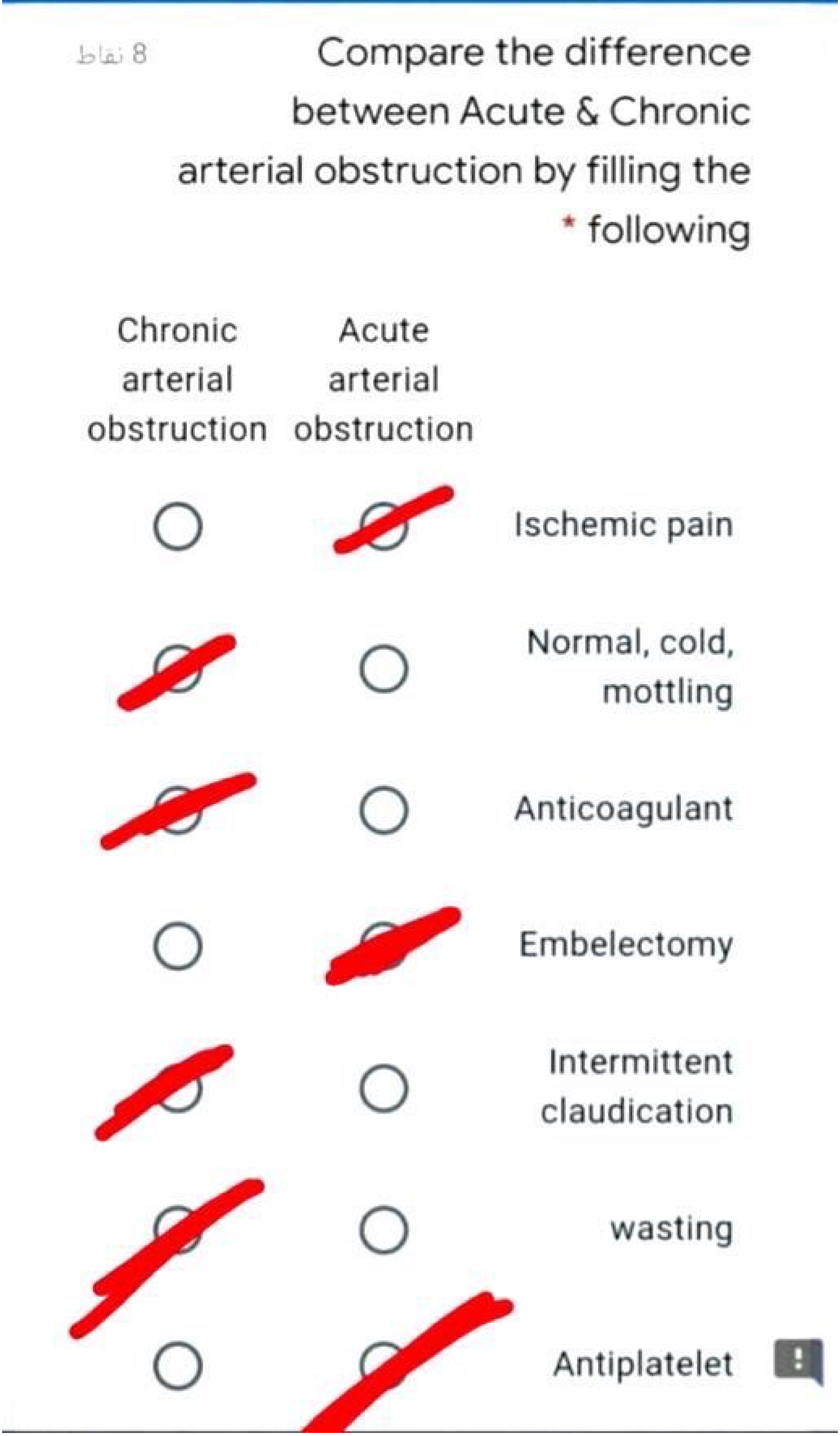
* ?Diagnosis? Next investigation

Chest xray show batwing appearance

Pulmonary edema

Heart failure

echo , ECG



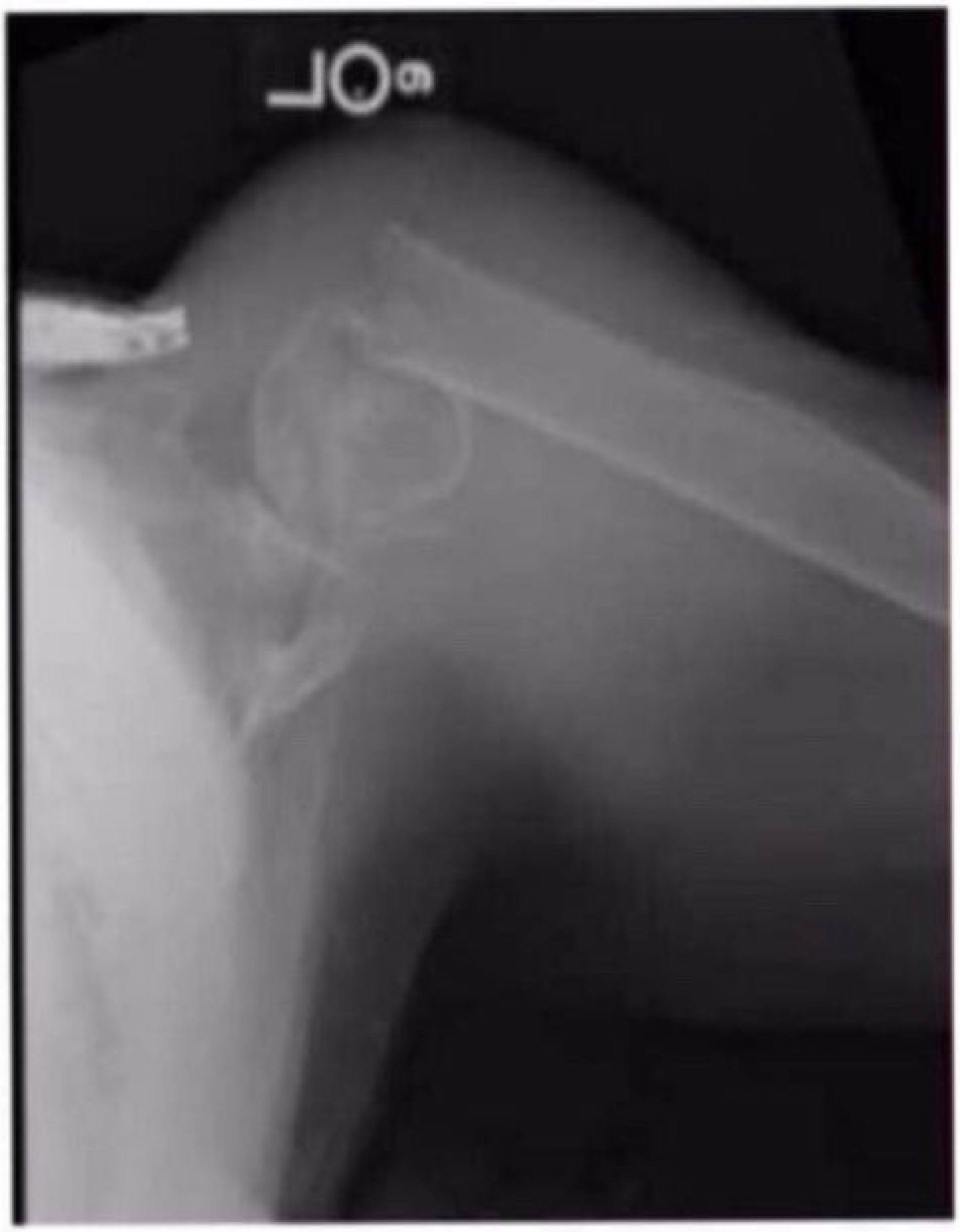
8 نقاط

Compare the difference between Acute & Chronic arterial obstruction by filling the following *

Chronic arterial obstruction	Acute arterial obstruction	
○	●	Ischemic pain
●	○	Normal, cold, mottling
●	○	Anticoagulant
○	●	Embelectomy
●	○	Intermittent claudication
●	○	wasting
○	●	Antiplatelet

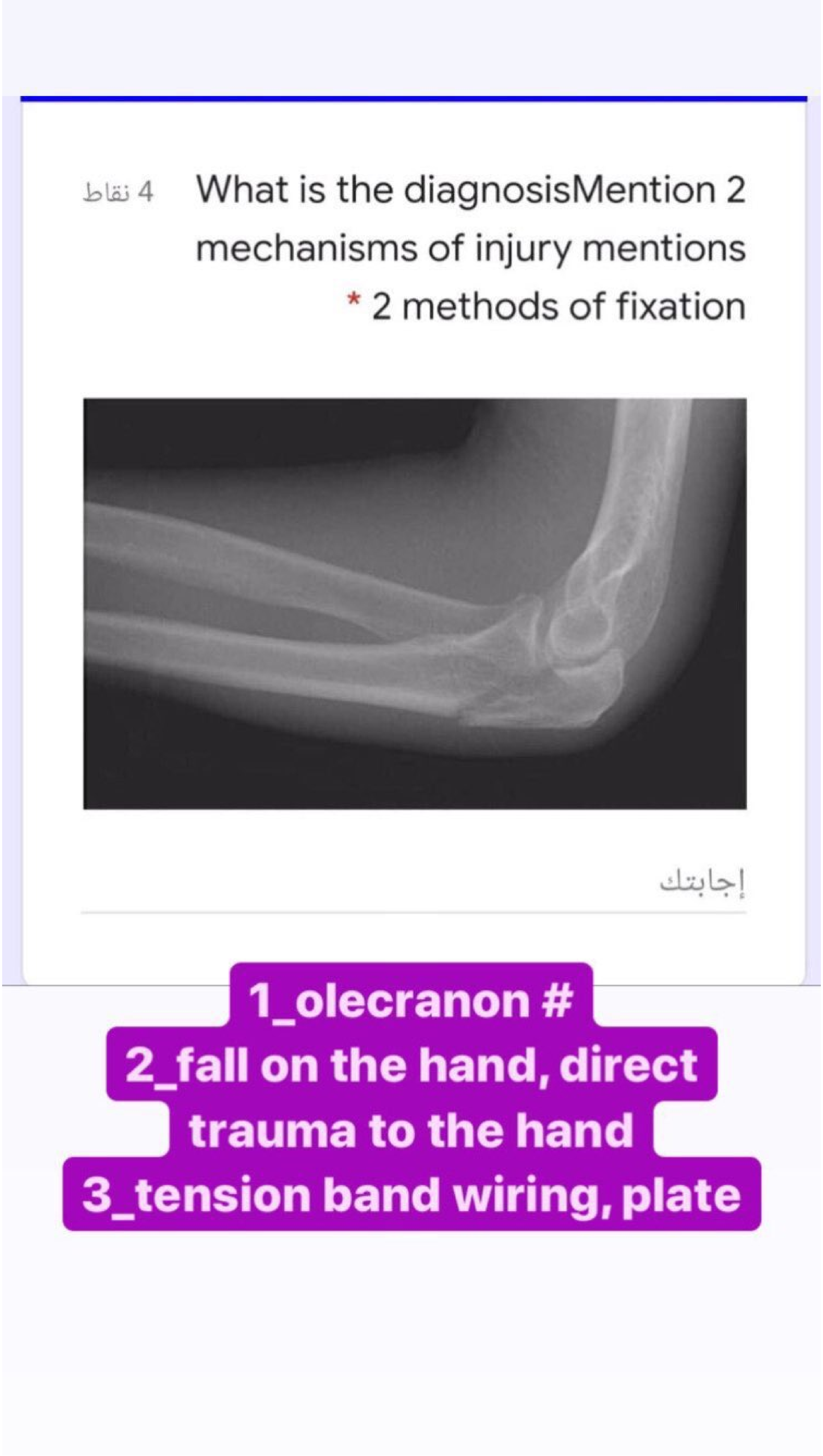
5

What is the diagnosis? Mention 2
lines of treatment?Mention 2
* complications following this injury



1.What is the diagnosis?
2.Mention 2 lines of treatment?
3.Mention 2 complications following this injury?

1_proximal humeral fracture
2_closed reduction with sling 4wks
3_axillary nerve injury, avascular necrosis of the femoral head



4 نقاط

What is the diagnosisMention 2 mechanisms of injury mentions 2 methods of fixation *

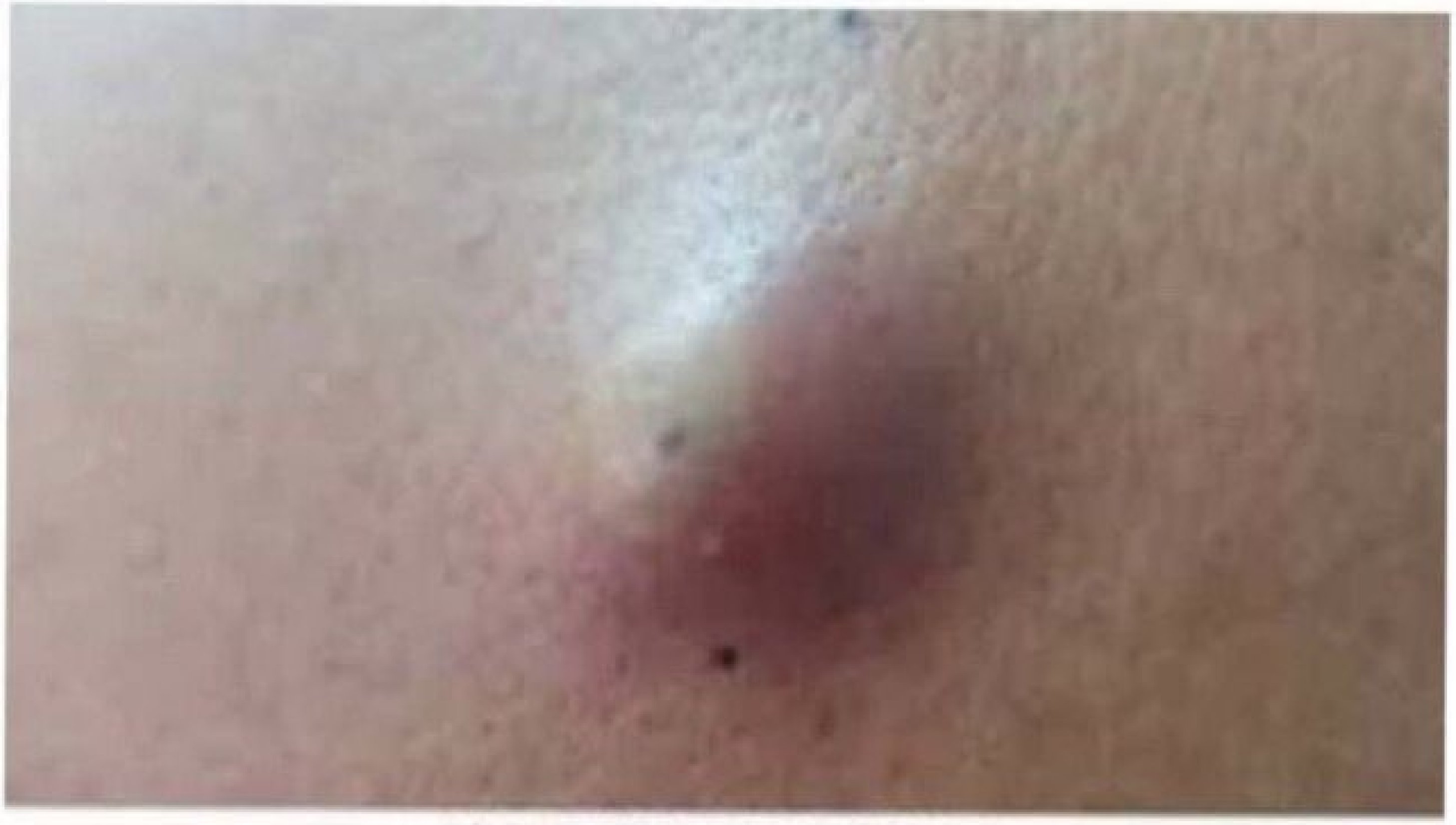
إجابتك

1_olecranon #

2_fall on the hand, direct trauma to the hand

3_tension band wiring, plate

6 نقاط years old man presented with 28 this lesion on the back Give your spot diagnosis? what is the pathognomonic sign in it? Outline briefly management of this lesion *



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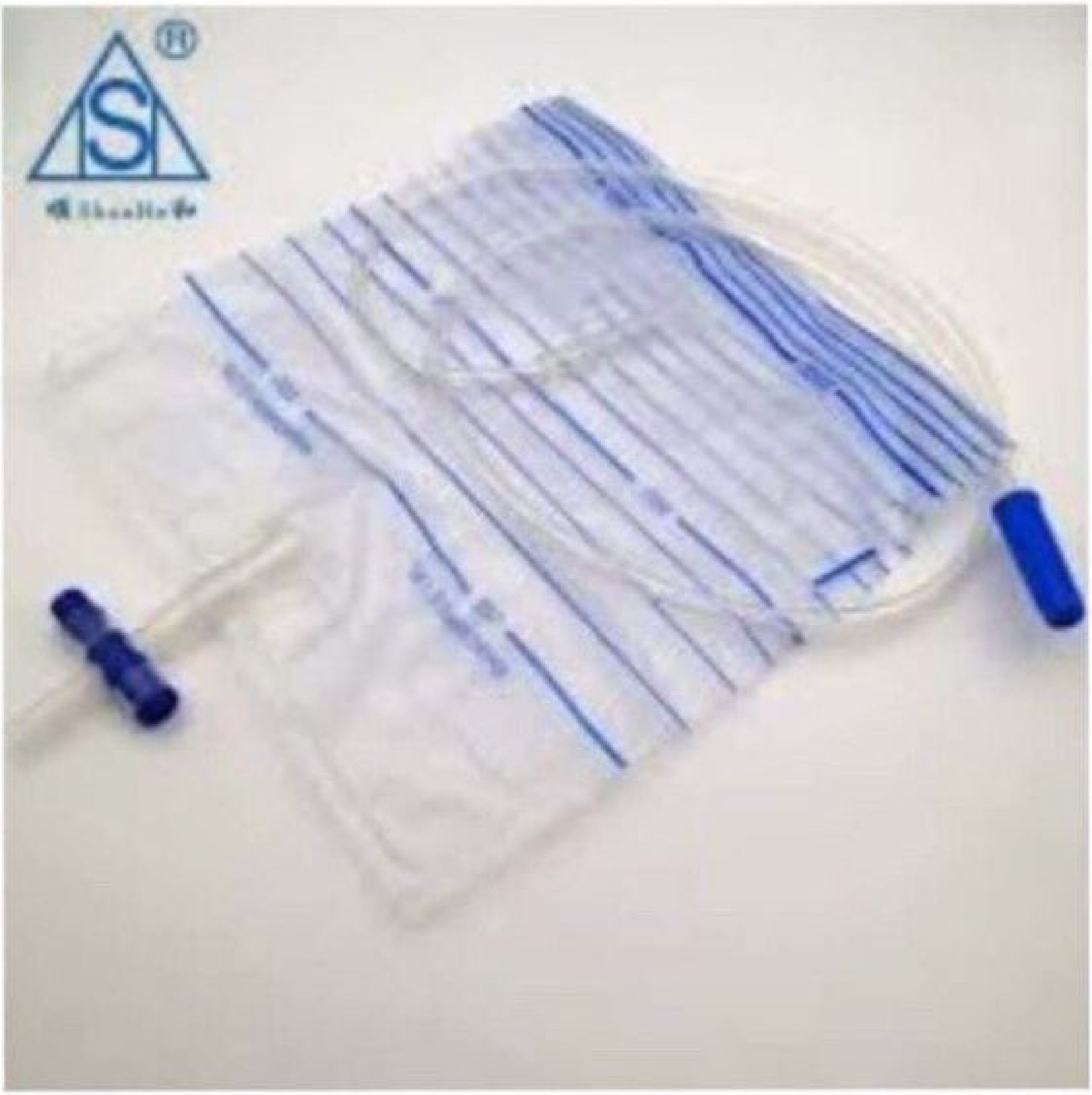
1. Infected sebaceous cyst

2. Fixed to the skin and have central punctum.

3. should be incised and drained initially, and removal late once the inflammation and induration has subsided.

5 نقاط

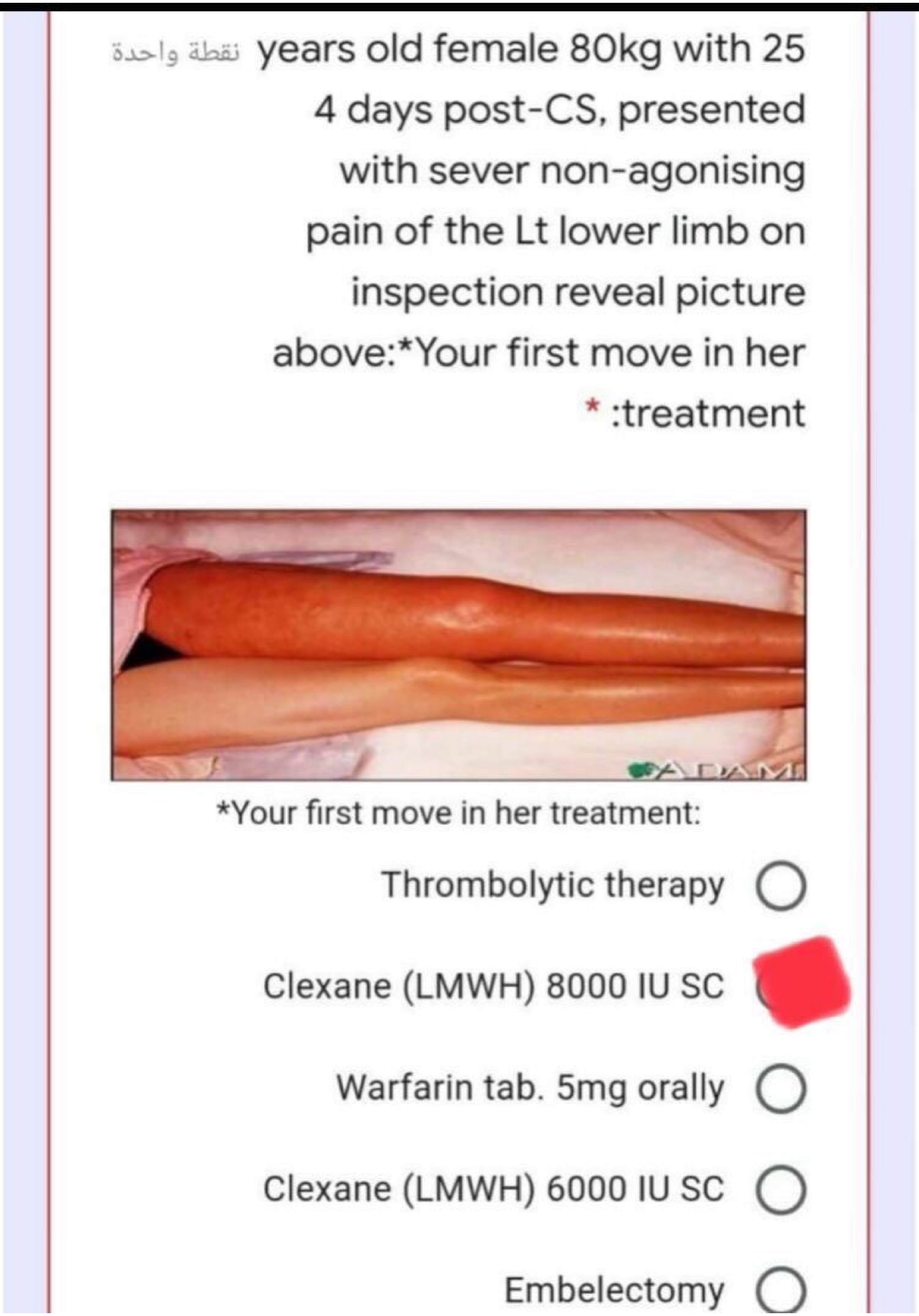
Name the too? How much maximum capacity in ml? ?Usage *



إجابتك

1. Urine bag .
2. 2000ml.
3. Collection of urine Calculate the volume of urine output

المس



نقطة واحدة years old female 80kg with 25
4 days post-CS, presented
with sever non-agonising
pain of the Lt lower limb on
inspection reveal picture
above:*Your first move in her
* :treatment

*Your first move in her treatment:

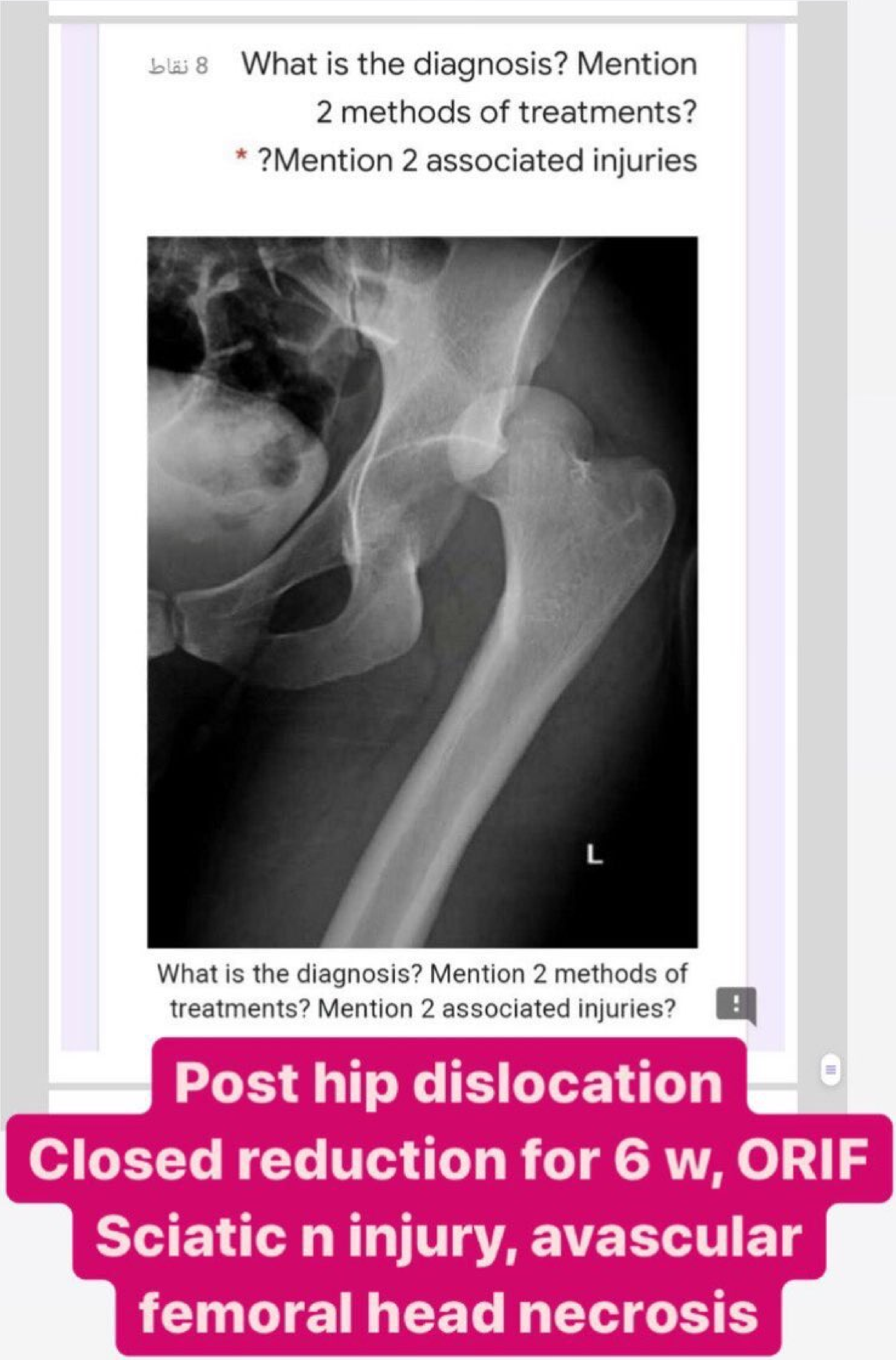
Thrombolytic therapy ○

[✓ Clexane (LMWH) 8000 IU SC]

Warfarin tab. 5mg orally ○

Clexane (LMWH) 6000 IU SC ○

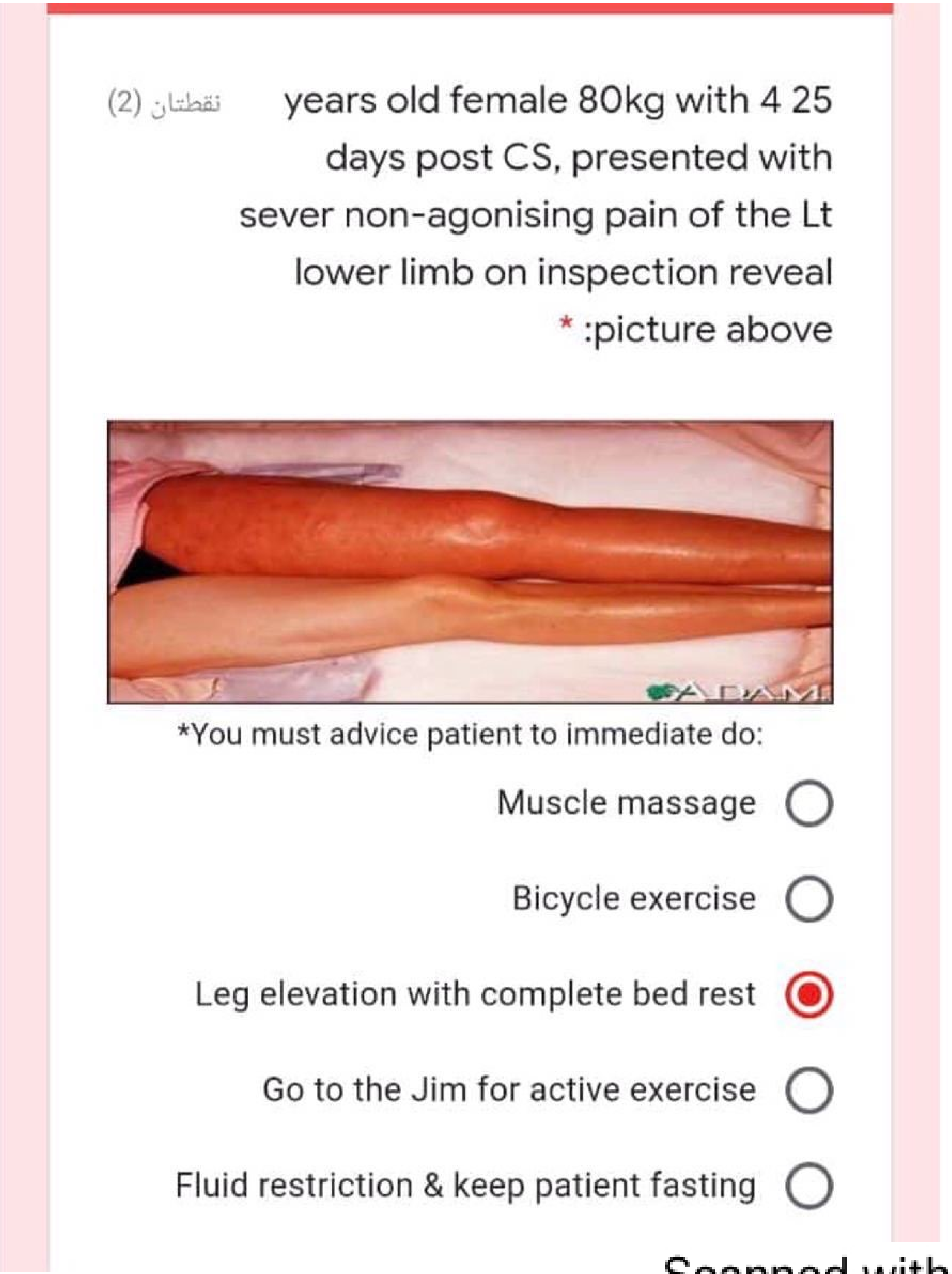
Embelectomy ○



8 نقاط What is the diagnosis? Mention 2 methods of treatments? ?Mention 2 associated injuries *

What is the diagnosis? Mention 2 methods of treatments? Mention 2 associated injuries?

Post hip dislocation
Closed reduction for 6 w, ORIF
Sciatic n injury, avascular femoral head necrosis

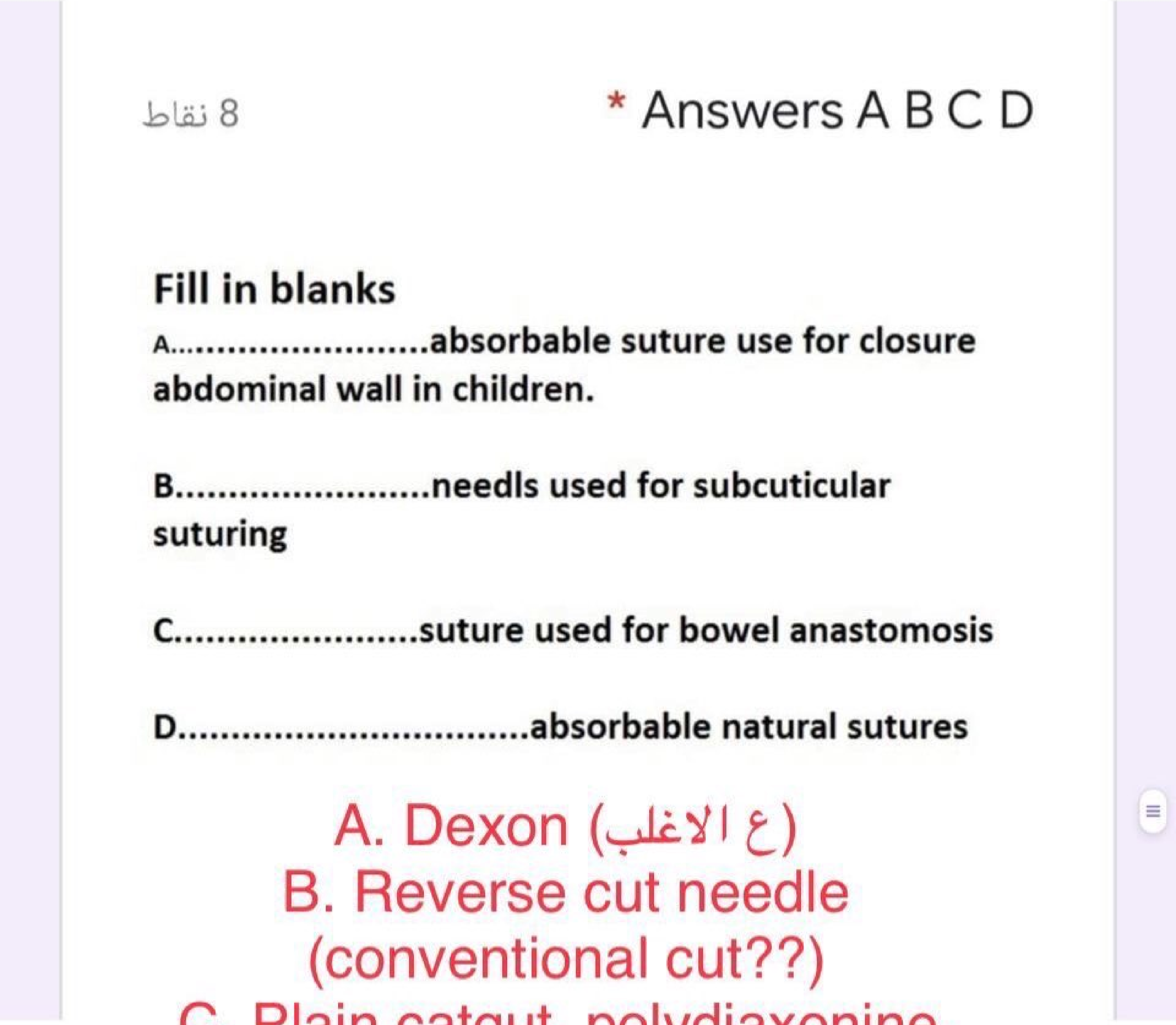


(2) نقطتان

years old female 80kg with 4 25
days post CS, presented with
sever non-agonising pain of the Lt
lower limb on inspection reveal
* :picture above

*You must advice patient to immediate do:

- Muscle massage ○
- Bicycle exercise ○
- Leg elevation with complete bed rest ●
- Go to the Jim for active exercise ○
- Fluid restriction & keep patient fasting ○


8 نقاط

* Answers A B C D

Fill in blanks

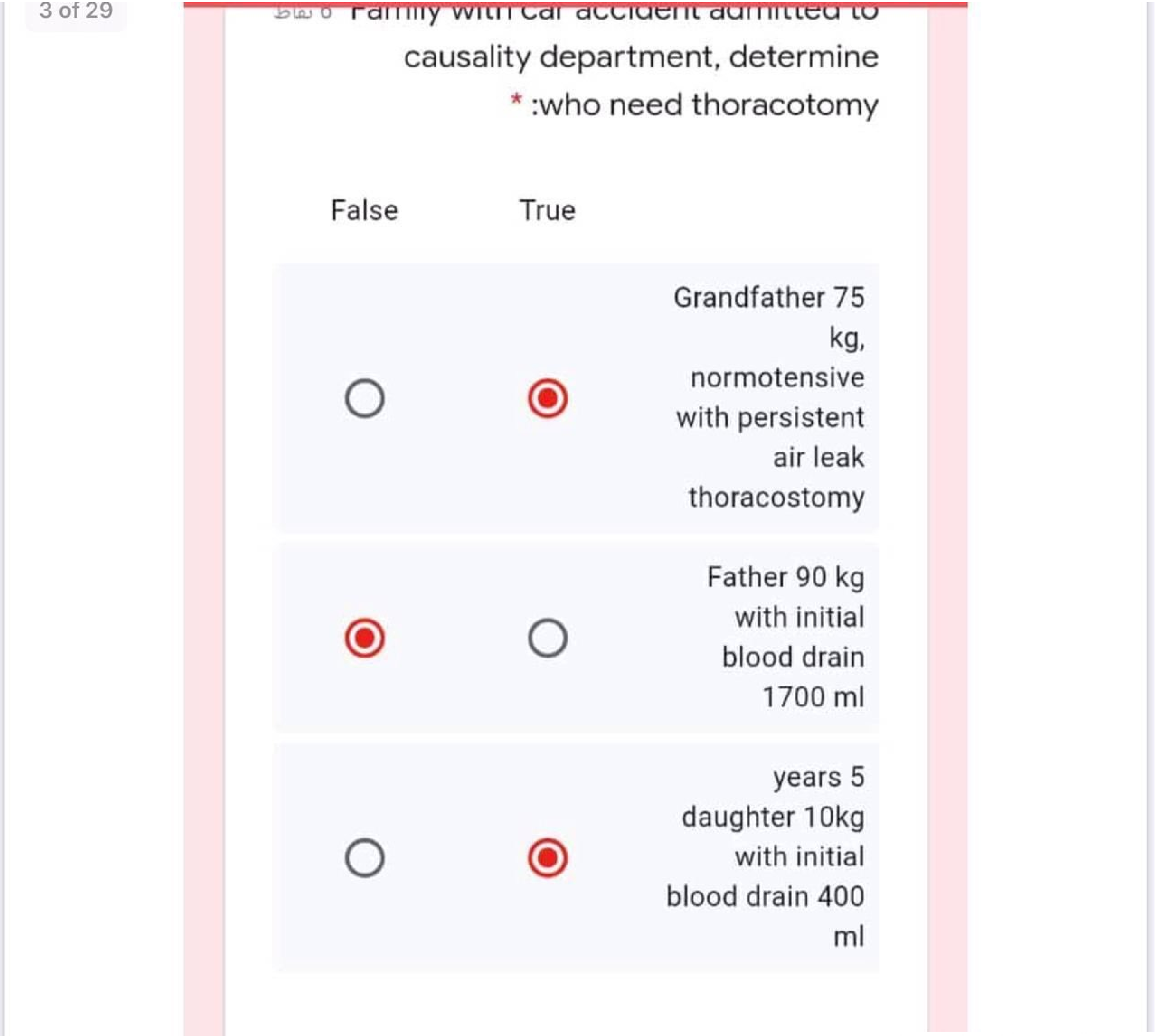
A……………………absorbable suture use for closure abdominal wall in children.

B……………………needls used for subcuticular suturing

C……………………suture used for bowel anastomosis

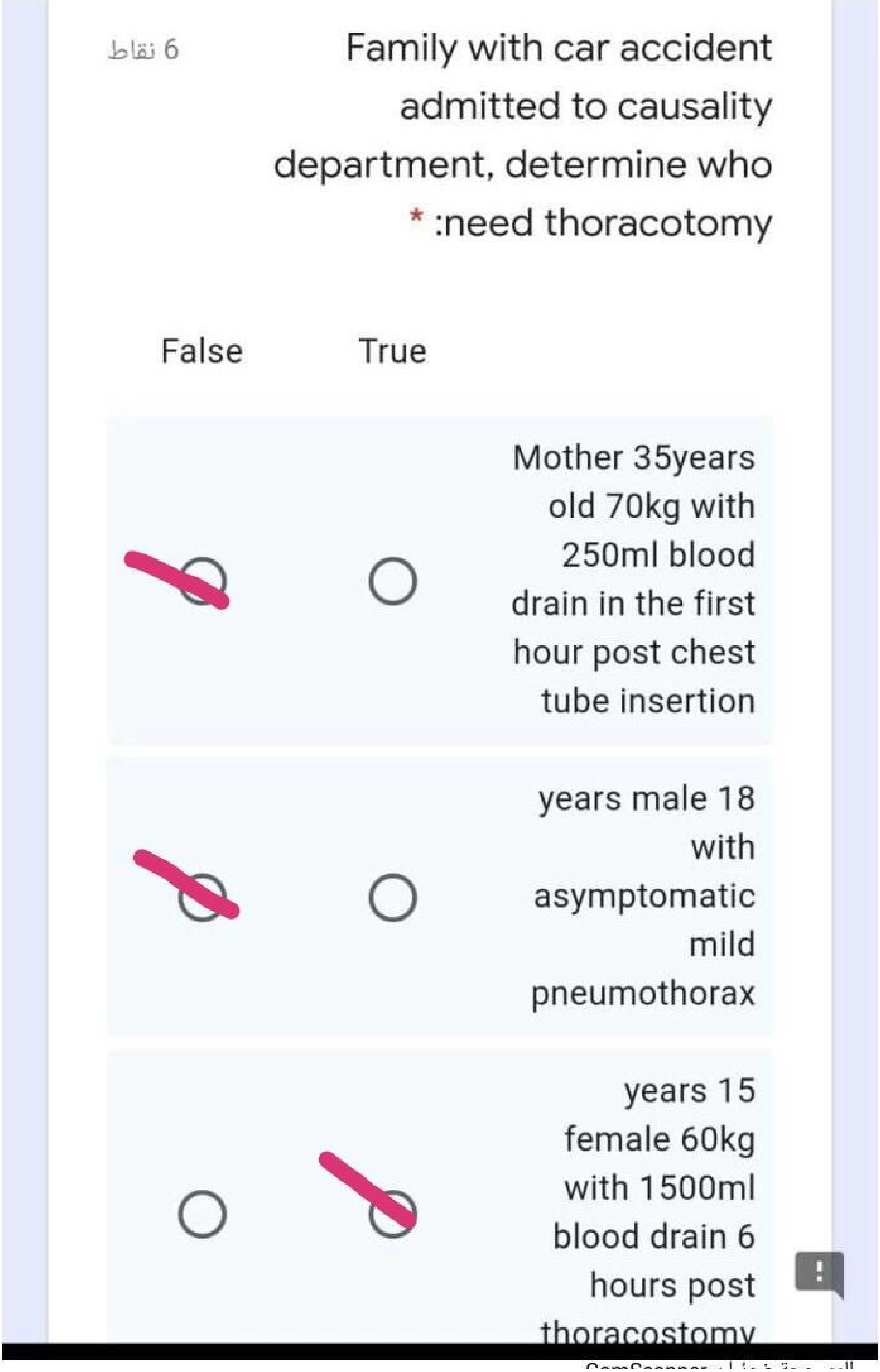
D…………………………absorbable natural sutures

A. Dexon (ع الاغلب)
B. Reverse cut needle
(conventional cut??)
C. Plain catgut, polydiaxonine,
vicryl, vigin silk
D. Catgut, chromic, silk



6 نقاط Family with car accident admitted to causality department, determine * :who need thoracotomy

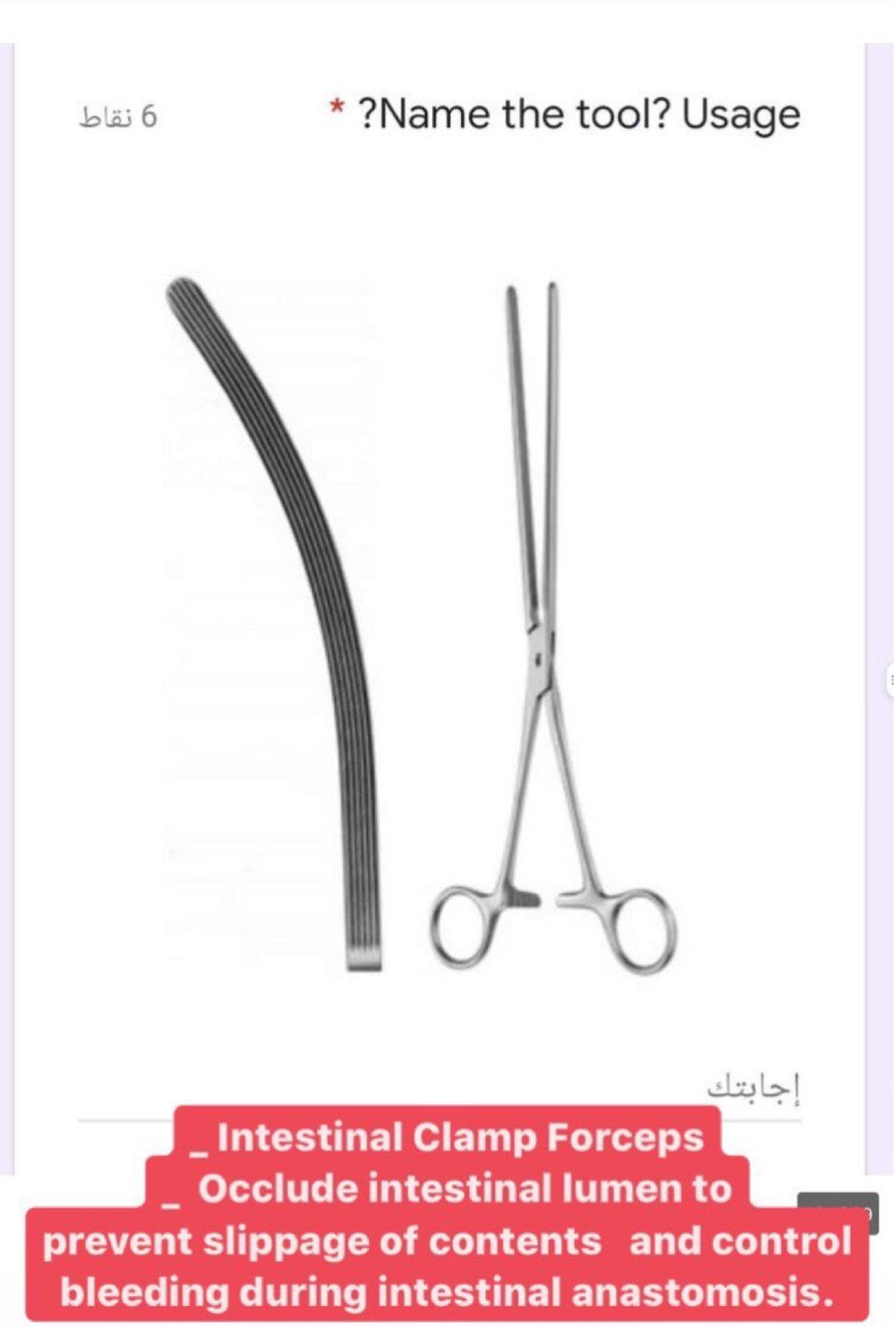
False	True	
○	●	Grandfather 75 kg, normotensive with persistent air leak thoracostomy
●	○	Father 90 kg with initial blood drain 1700 ml
○	●	years 5 daughter 10kg with initial blood drain 400 ml



6 نقاط

Family with car accident admitted to causality department, determine who :need thoracotomy *

	True	False
Mother 35years old 70kg with 250ml blood drain in the first hour post chest tube insertion	○	[✓ ○]
years male 18 with asymptomatic mild pneumothorax	○	[✓ ○]
years 15 female 60kg with 1500ml blood drain 6 hours post thoracostomy	[✓ ○]	○



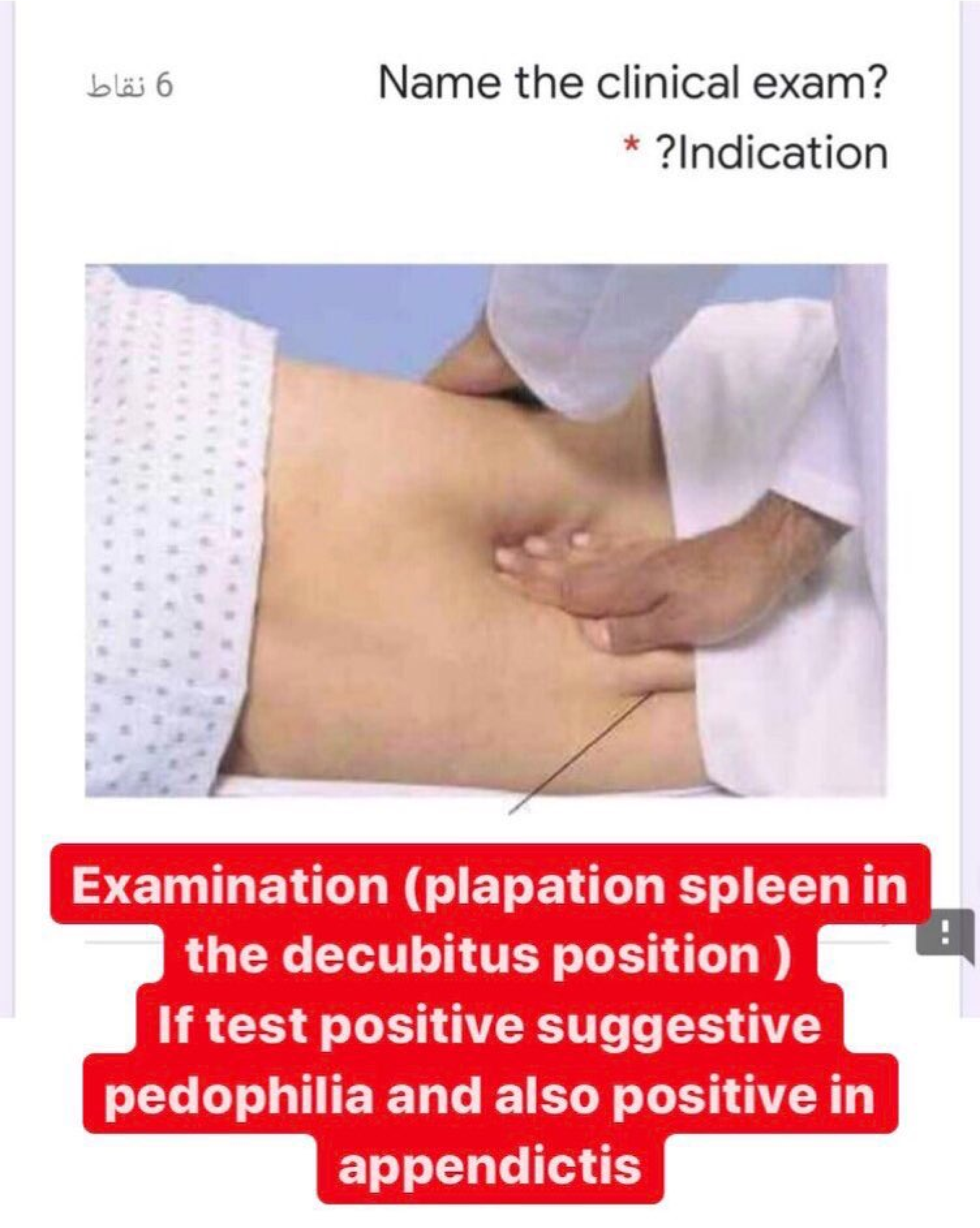
6 نقاط

* ?Name the tool? Usage

إجابتك

_ Intestinal Clamp Forceps

_ Occlude intestinal lumen to prevent slippage of contents and control bleeding during intestinal anastomosis.

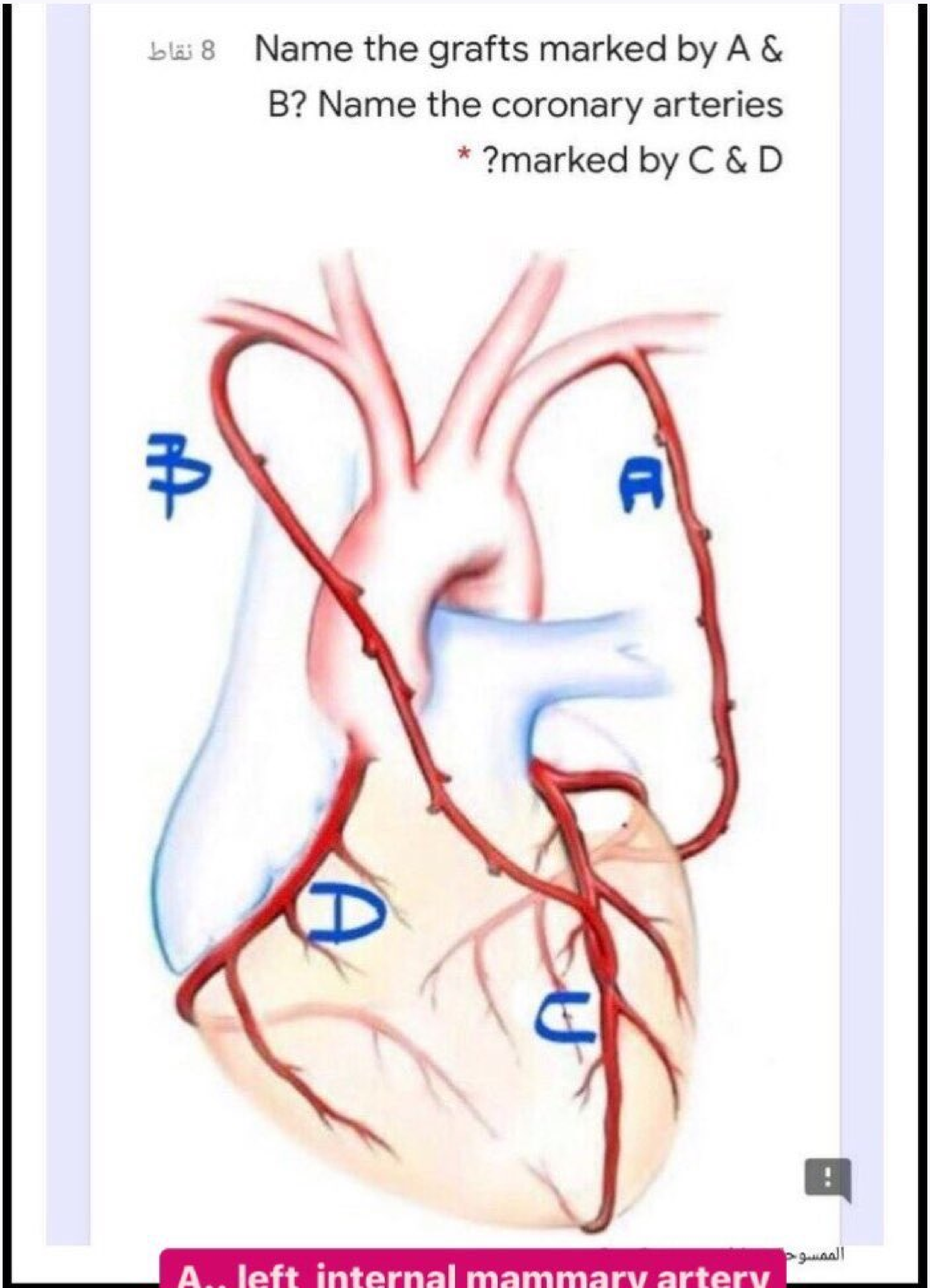


6 نقاط

Name the clinical exam?

* ?Indication

Examination (plapation spleen in the decubitus position)
If test positive suggestive pedophilia and also positive in appendictis



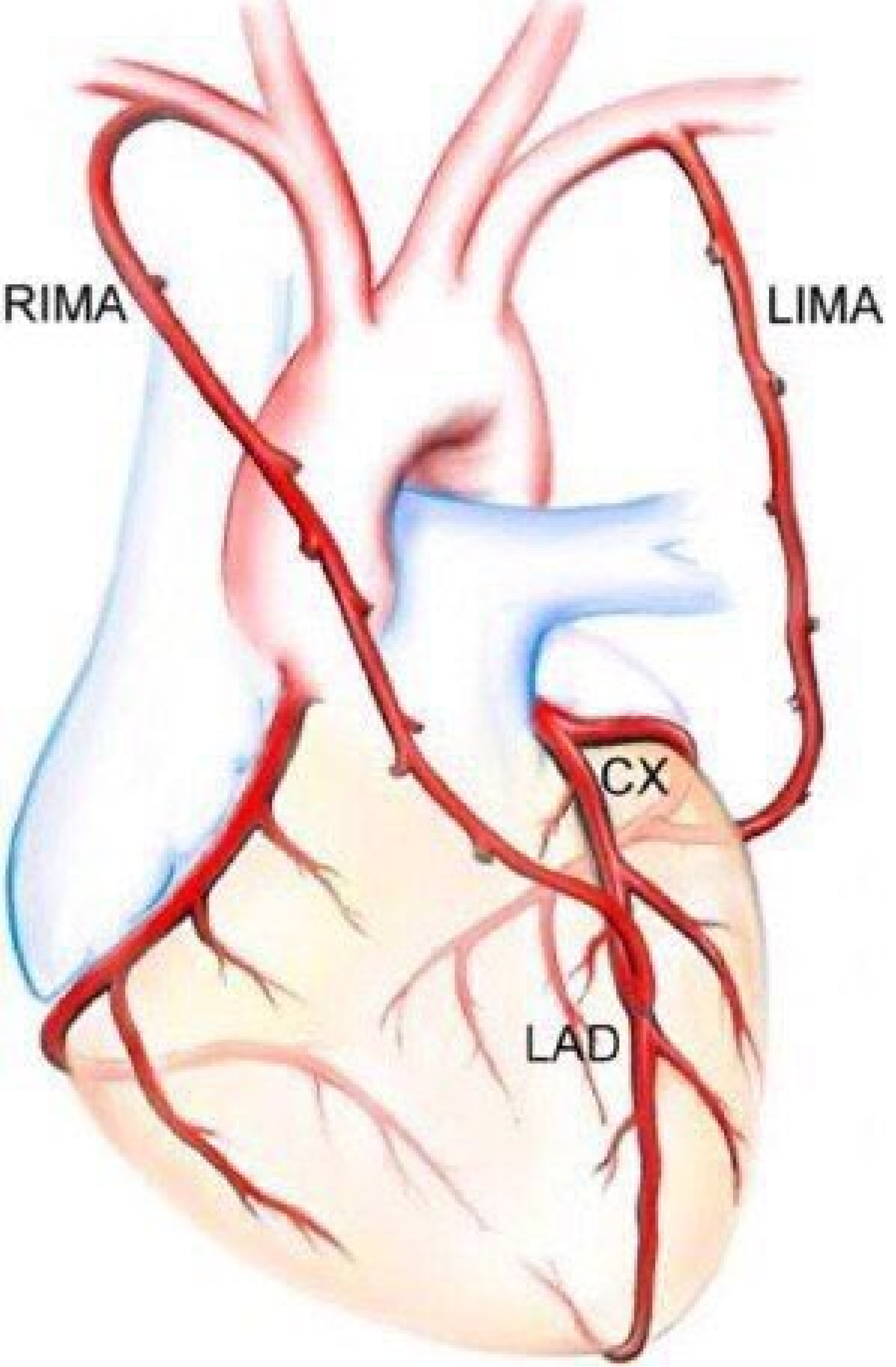
8 نقاط Name the grafts marked by A & B? Name the coronary arteries * ?marked by C & D

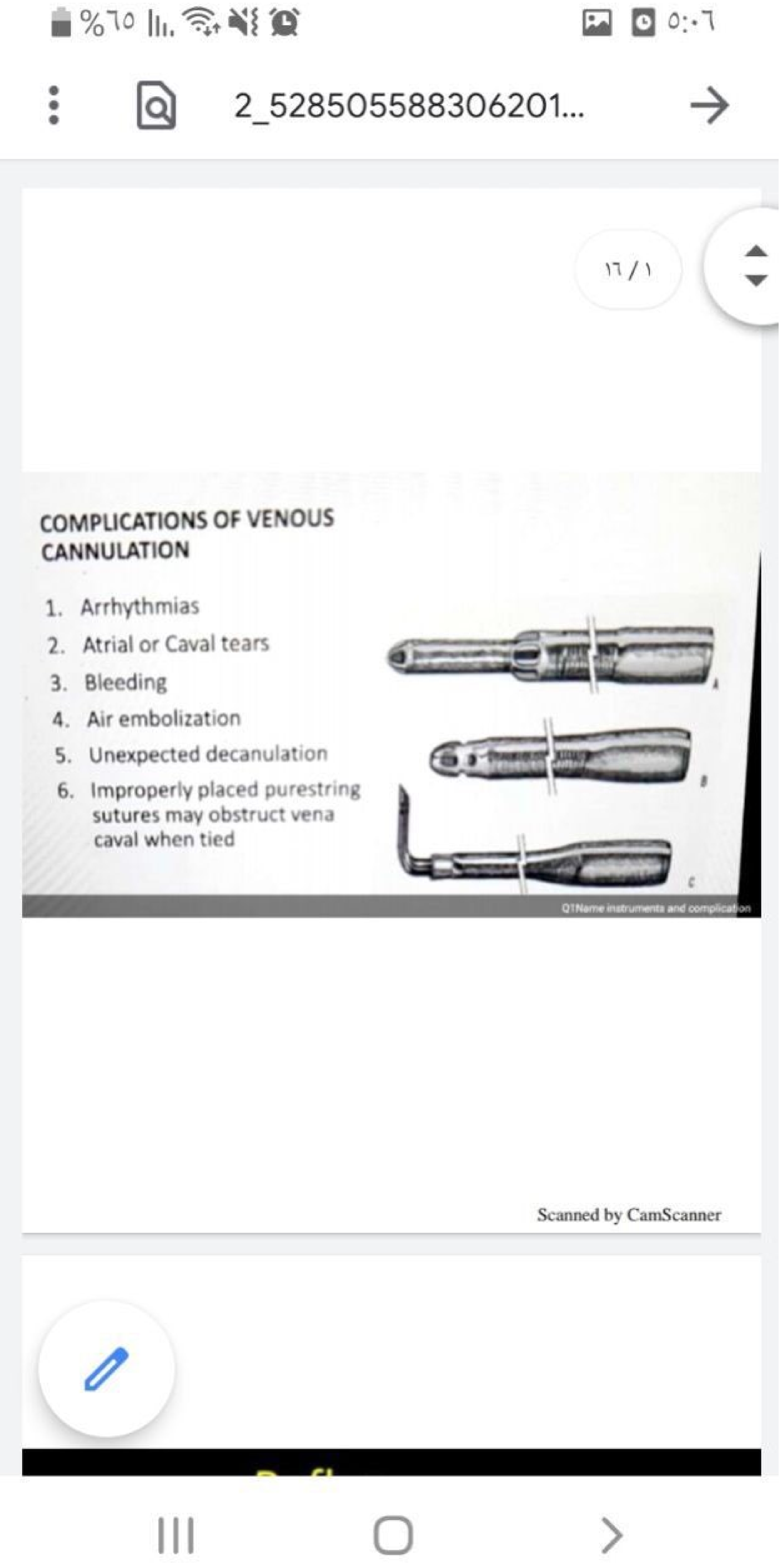
A.. left internal mammary artery

B... right internal mammary artery

C... left anterior descending artery of left cornary artery

D... right coronary artery


RIMA
LIMA
CX
LAD


%٦٥
٥:٠٦
2_528505588306201...
١٦/١
A
B
C

COMPLICATIONS OF VENOUS CANNULATION

1. Arrhythmias
2. Atrial or Caval tears
3. Bleeding
4. Air embolization
5. Unexpected decanulation
6. Improperly placed purestring sutures may obstruct vena caval when tied

Q1Name instruments and complication

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%٦٥

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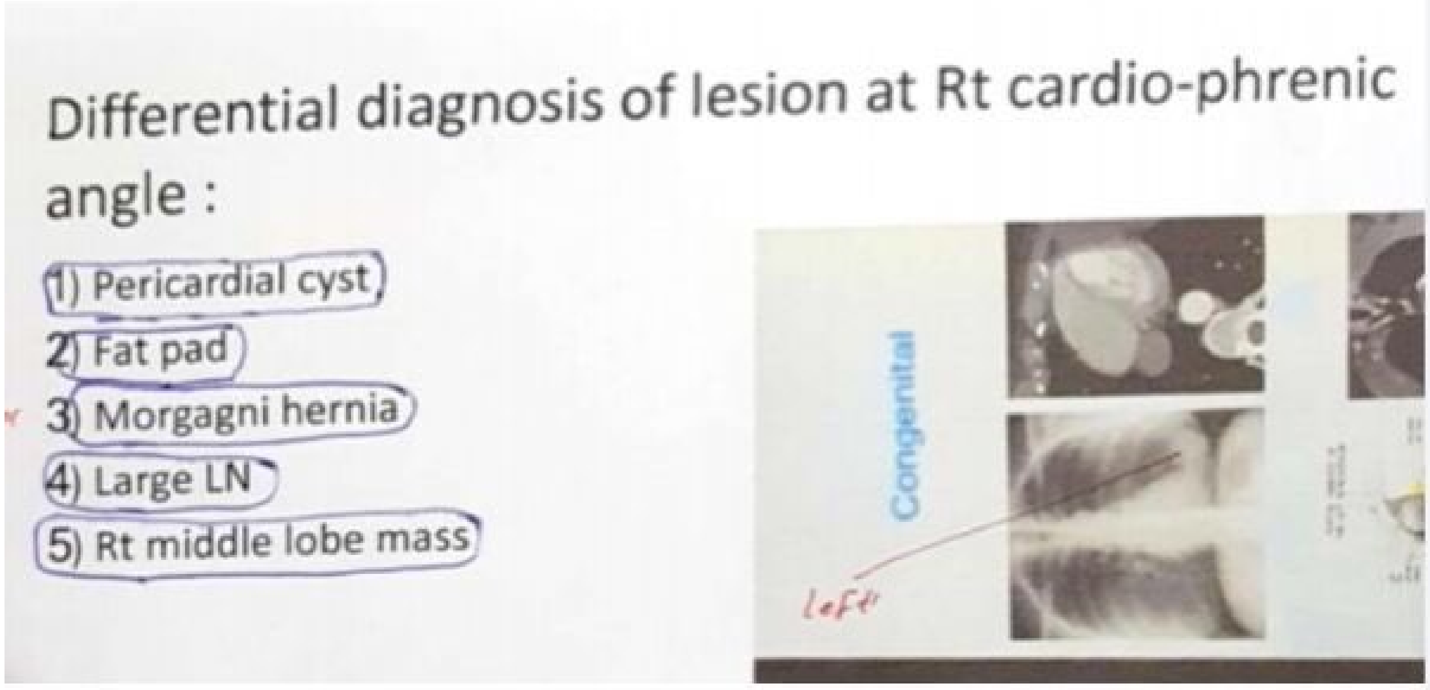
١٦ / ٣



Differential diagnosis of lesion at Rt cardio-phrenic angle :

1) Pericardial cyst
2) Fat pad
3) Morgagni hernia
4) Large LN
5) Rt middle lobe mass

Congenital
Left

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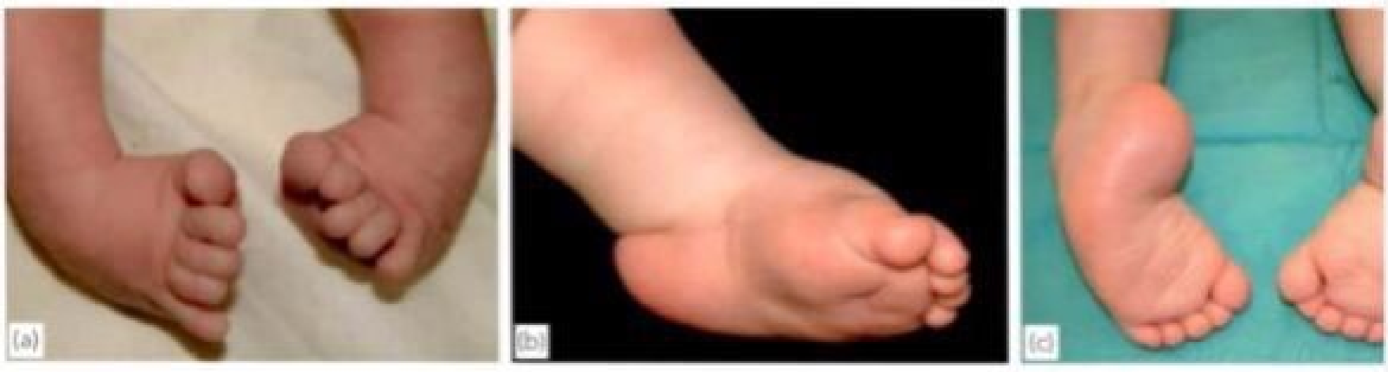
Scanned by CamScanner



21.5 Talipes equinovarus (club-foot) (a) The sole of the foot often faces posteromedially. There are crea
the back and medially (b) and, in severe cases, across the sole of the foot (c).

Treatment should begin early, preferably within a few days of birth. This consists of repeated manipulation and adhesive strapping or application of plaster of Paris casts which will maintain the correction. If adhesive strapping is used, parents

and ligamentous contractures and fibroti
and (b) lengthening of tendons so that th
be positioned normally without undue
After operative correction the foot is im
in its corrected position in a plaster cast.

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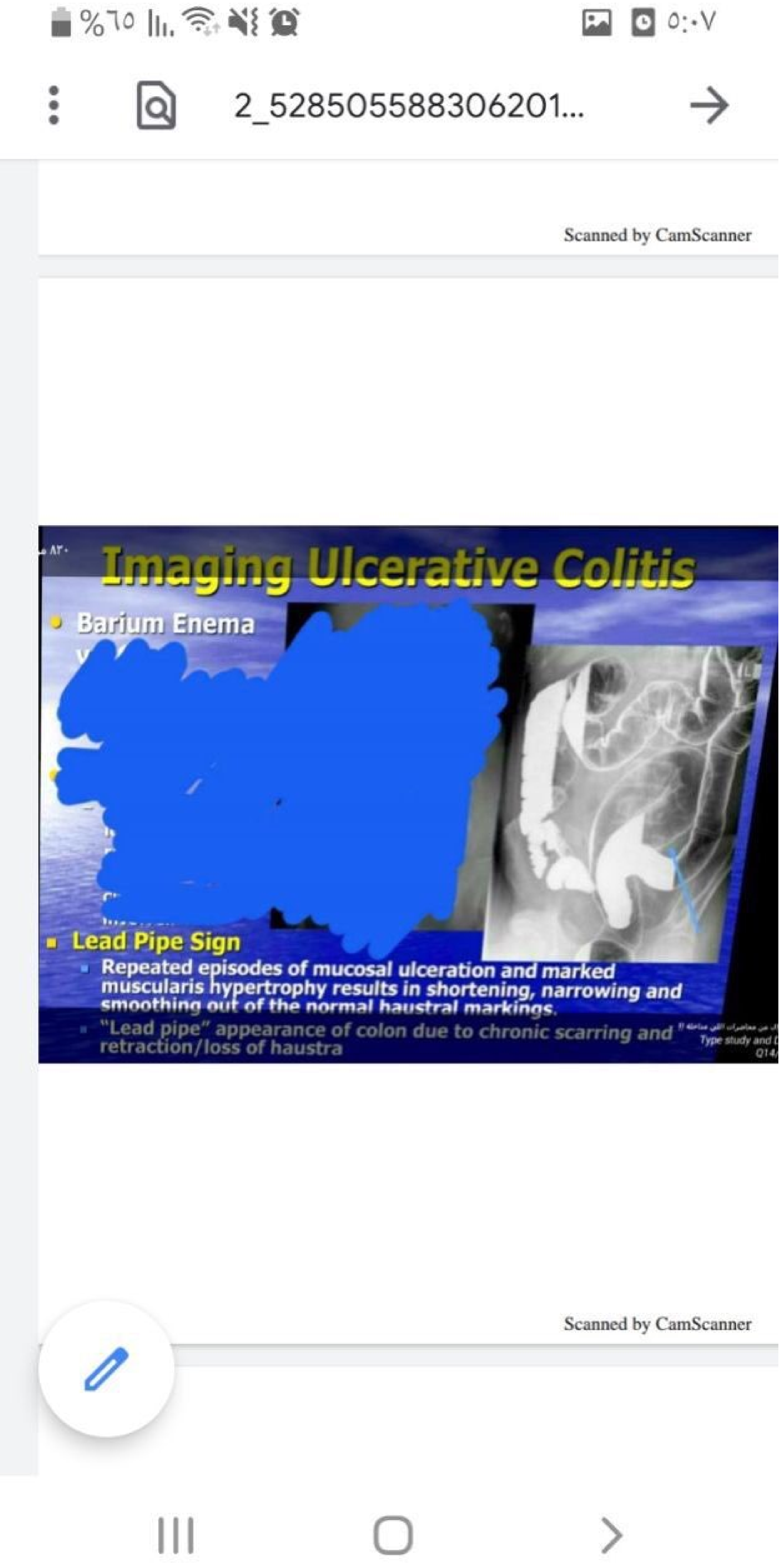
Deep sulcus sign displaying a pneumothorax in a



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Imaging Ulcerative Colitis

- Barium Enema

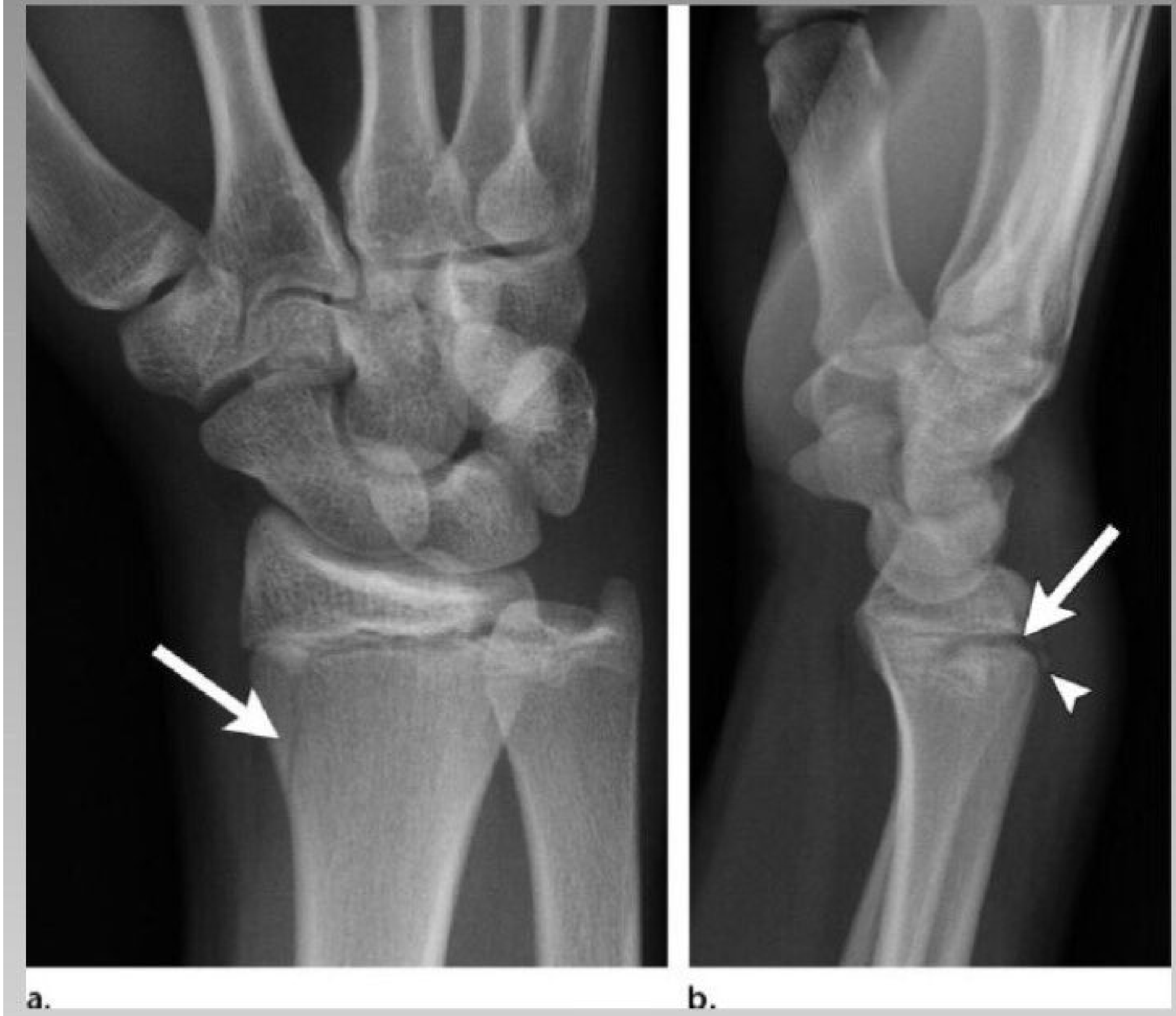
[redacted]

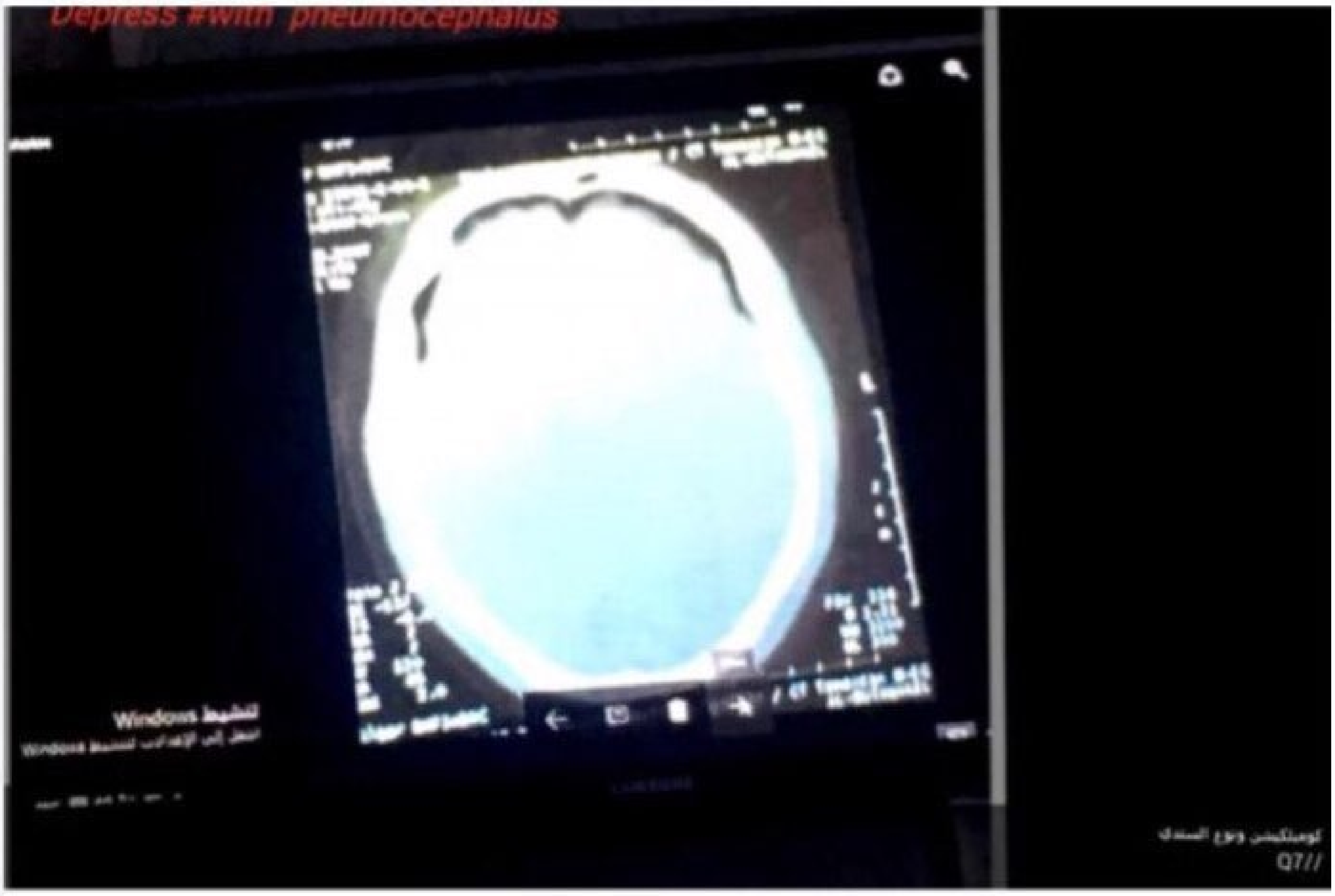
- **Lead Pipe Sign**
  - Repeated episodes of mucosal ulceration and marked muscularis hypertrophy results in shortening, narrowing and smoothing out of the normal haustral markings.
  - "Lead pipe" appearance of colon due to chronic scarring and retraction/loss of haustra

Type study and

Scanned by CamScanner

Q17#Salter Harris f Type 1




Depress #with pneumocephalus
Windows تنشيط
كومبليكيشن ونوع الستدي
Q7//

#depressed fracture complications:
1-infection (eg. Meningitis)
2-intracranial hemorrhage
3-brain contusion
4-dural laceration

ct scan of brain نوع الستدي هي

Bronchoscopy
Powered by
Your Practice Online

#bronchoscope complications:

1-teeth injury

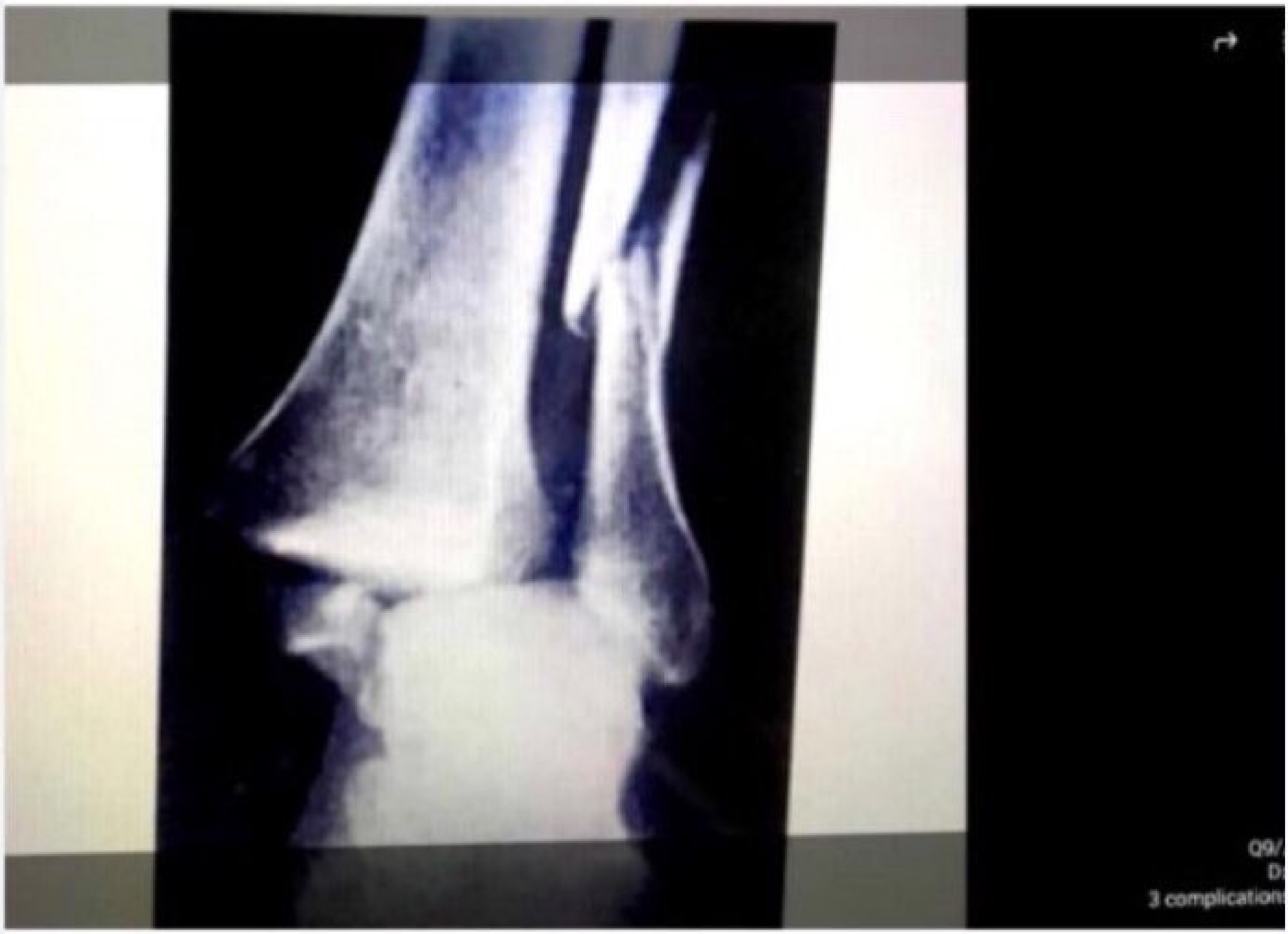
2-laryngeal edema

3-hemorrhage from biopsy site

4-hypoxia

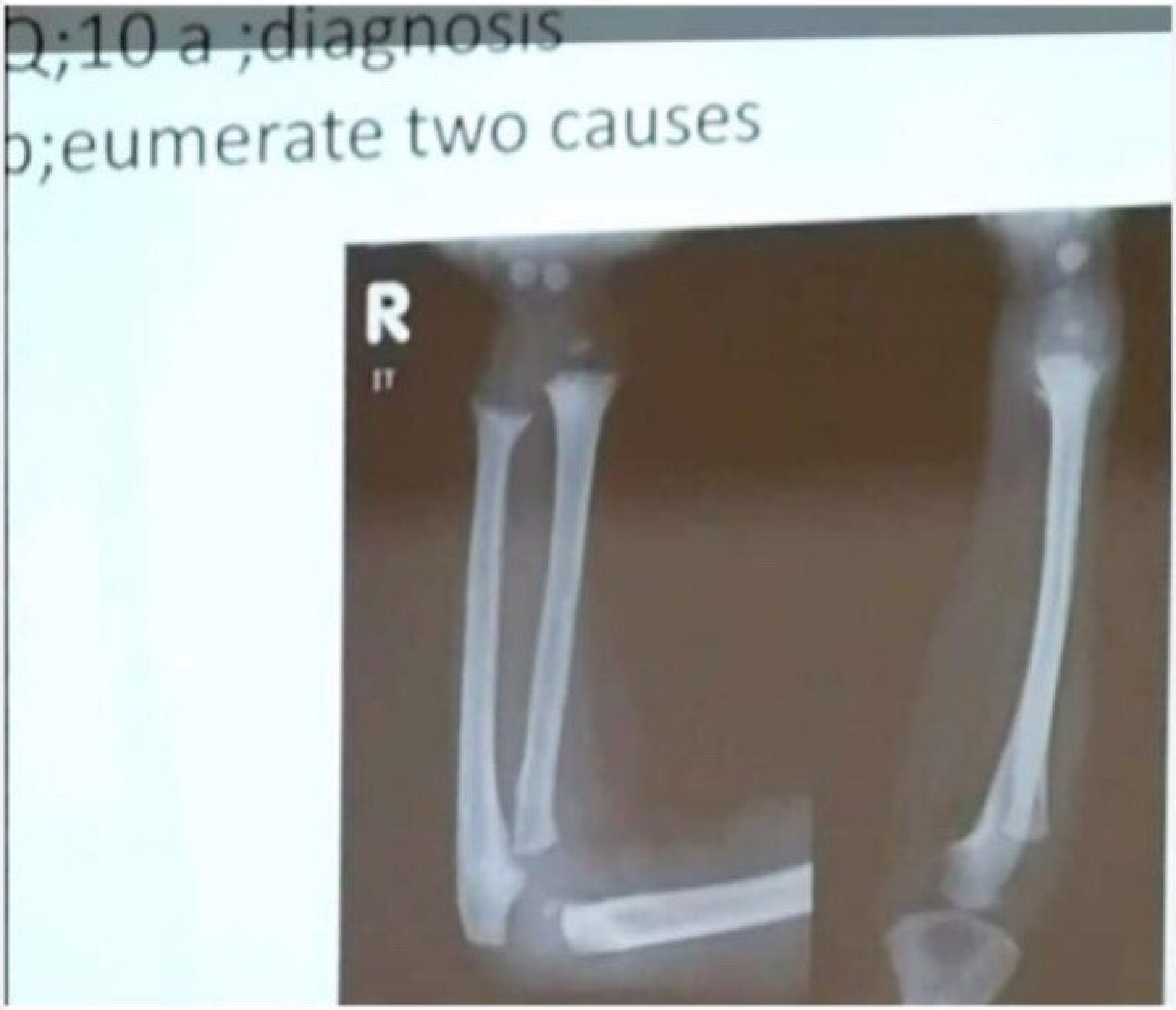
5-cardiac arrest

Scanned by CamScanner


Q9/
D
3 complication

#Q9/

Diagnosis: ankle fracture
Complications: malunion , nonunion , joint stiffness , secondary osteoarthritis



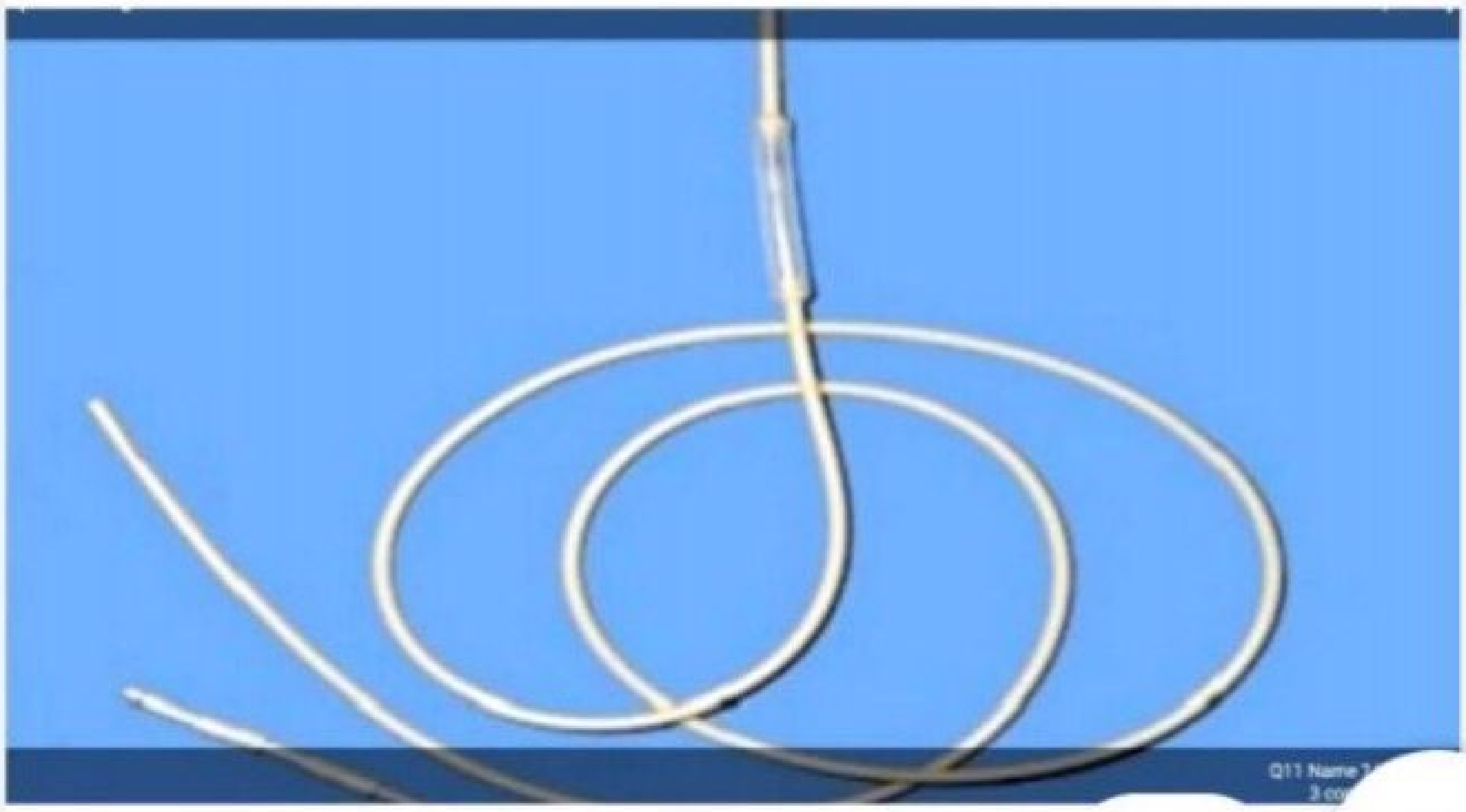
Q;10 a ;diagnosis

b;eumerate two causes

#Q10/

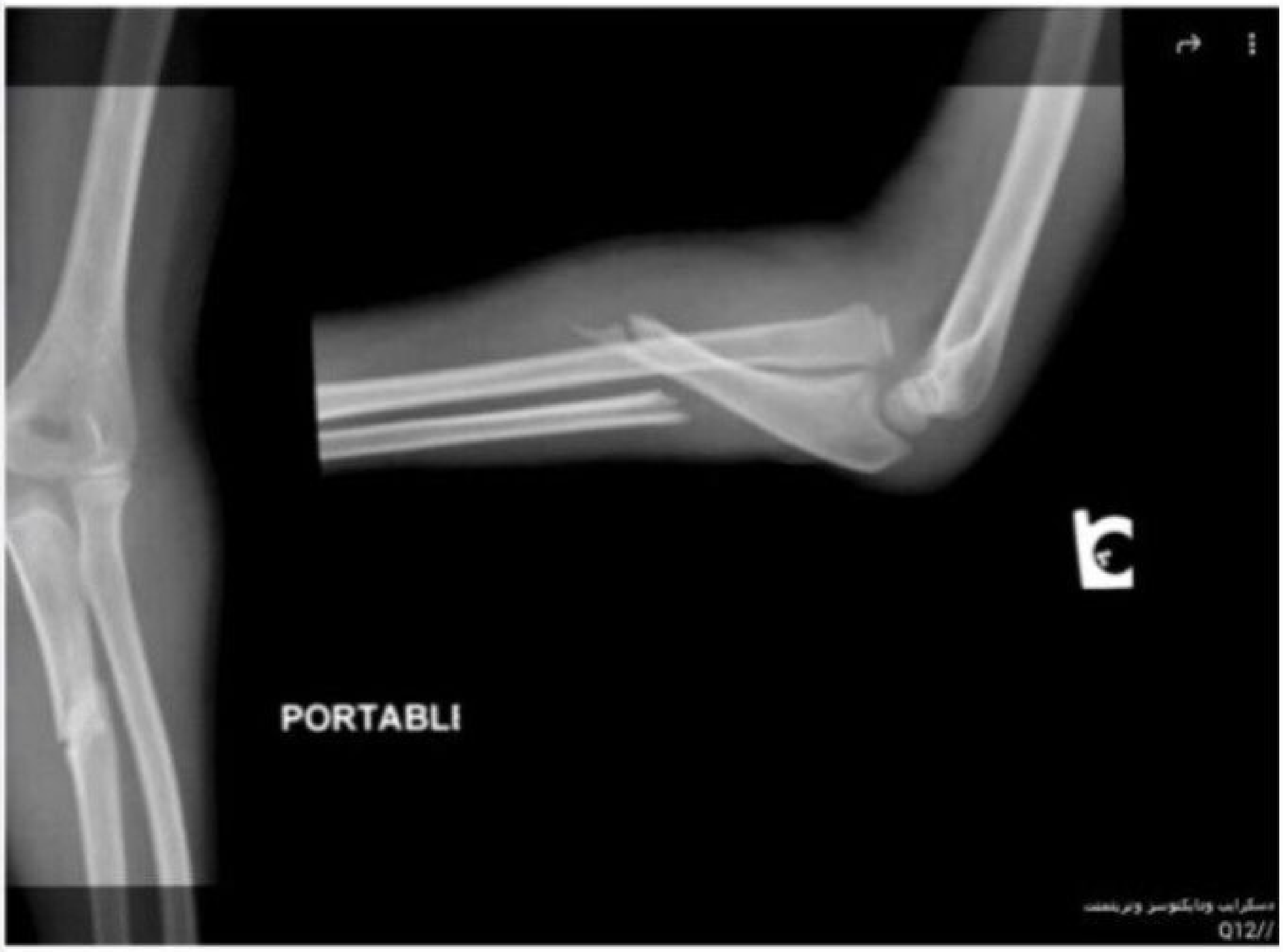
Diagnosis: rickets

Causes: nutritional vitamin D deficiency , malabsorption (eg. Celiac disease , ulcerative colitis , crohn's disease) , poor sunlight exposure


Q11 Name
3 co
١٦ / ١١

#Q11/

Name of instrument:
ventriculoperitoneal csf shunt
Complications: infection ,
obstruction , malposition ,
ascitis , peritonitis

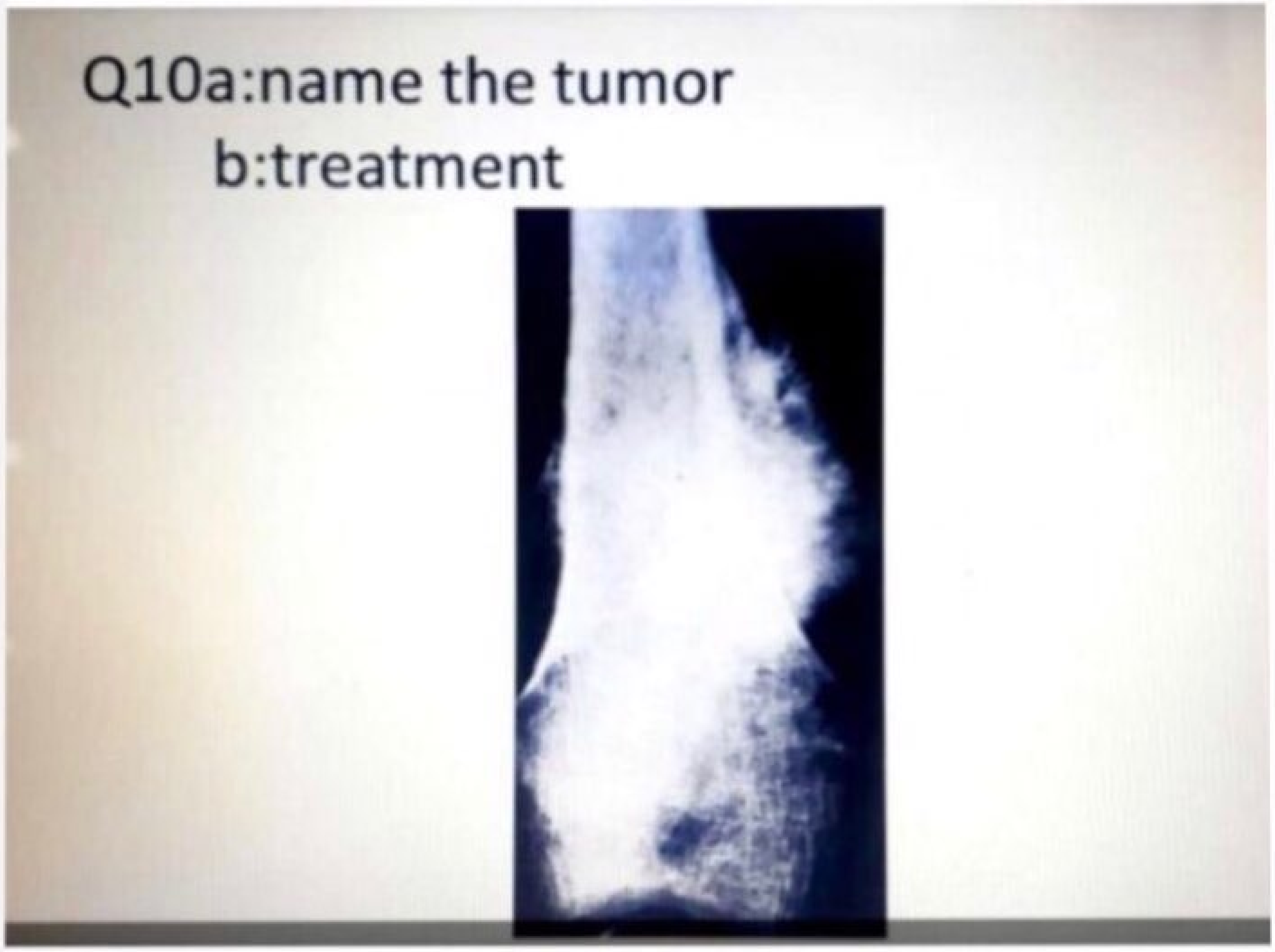


#Q12/

Description: AP and lateral view X-ray of forearm showing fracture of proximal one third of ulna with dislocation of proximal radioulnar joint . The proximal fragment of ulna is displaced antetiorly

Diagnosis: Monteggia fracture dislocation

Treatment: analgesia , open reduction and internal fixation , physiotherapy and rehabilitation



Q10a:name the tumor

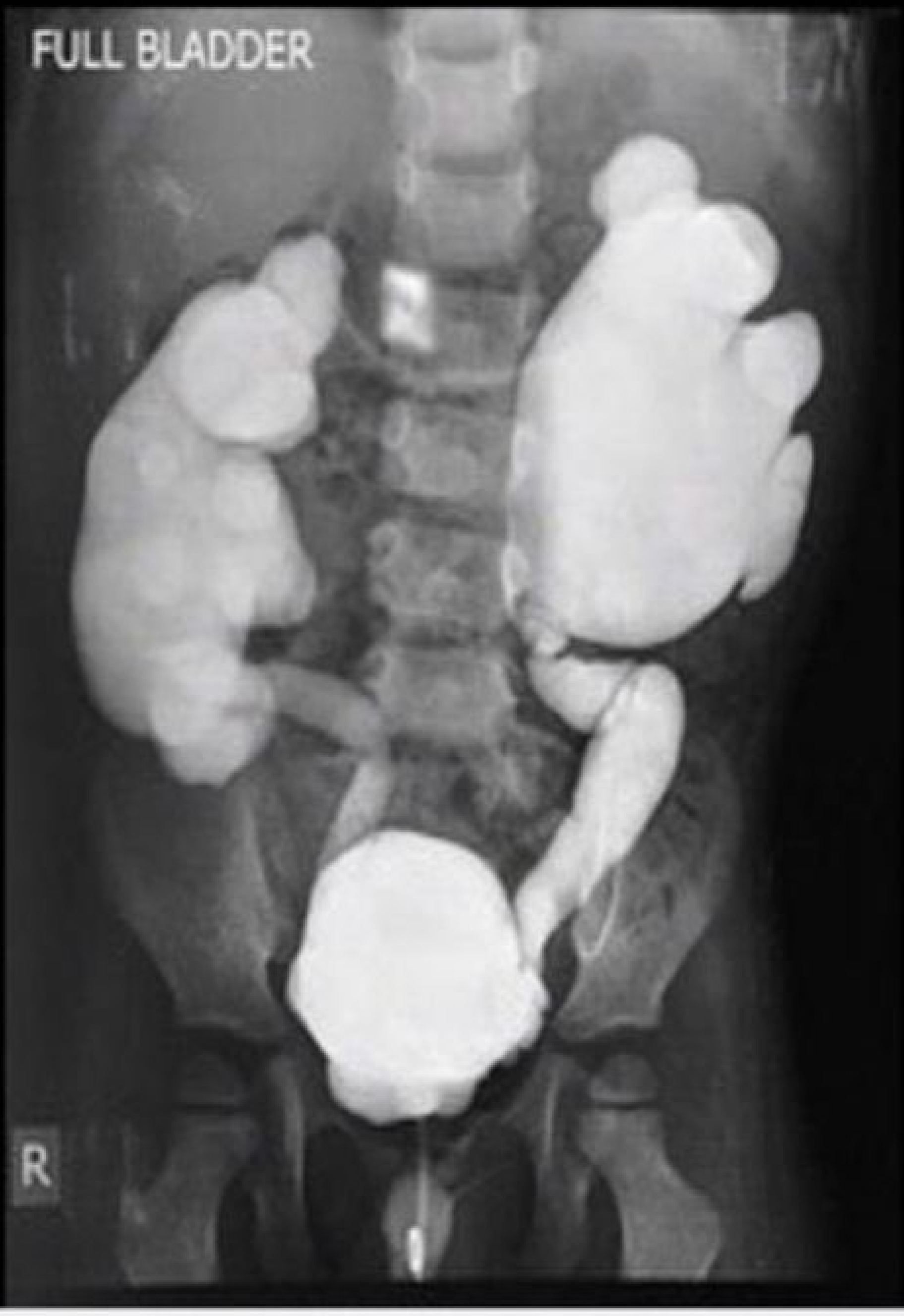
b:treatment

#Q13/

Name of tumor: osteosarcoma

Treatment: multiagent chemotherapy for 8-12 weeks then wide resection of tumor then histopathological examination of the resected specimen of tumor to detect the response to chemotherapy and if it is marked (more than 90 % necrosis) then continue the same chemotherapy for another 6-12 months and if no marked response , use an alternative chemotherapeutic agent then treat pulmonary metastasis if present (present in 10% of patients)

Reflux


FULL BLADDER
R

Notes

Ivu

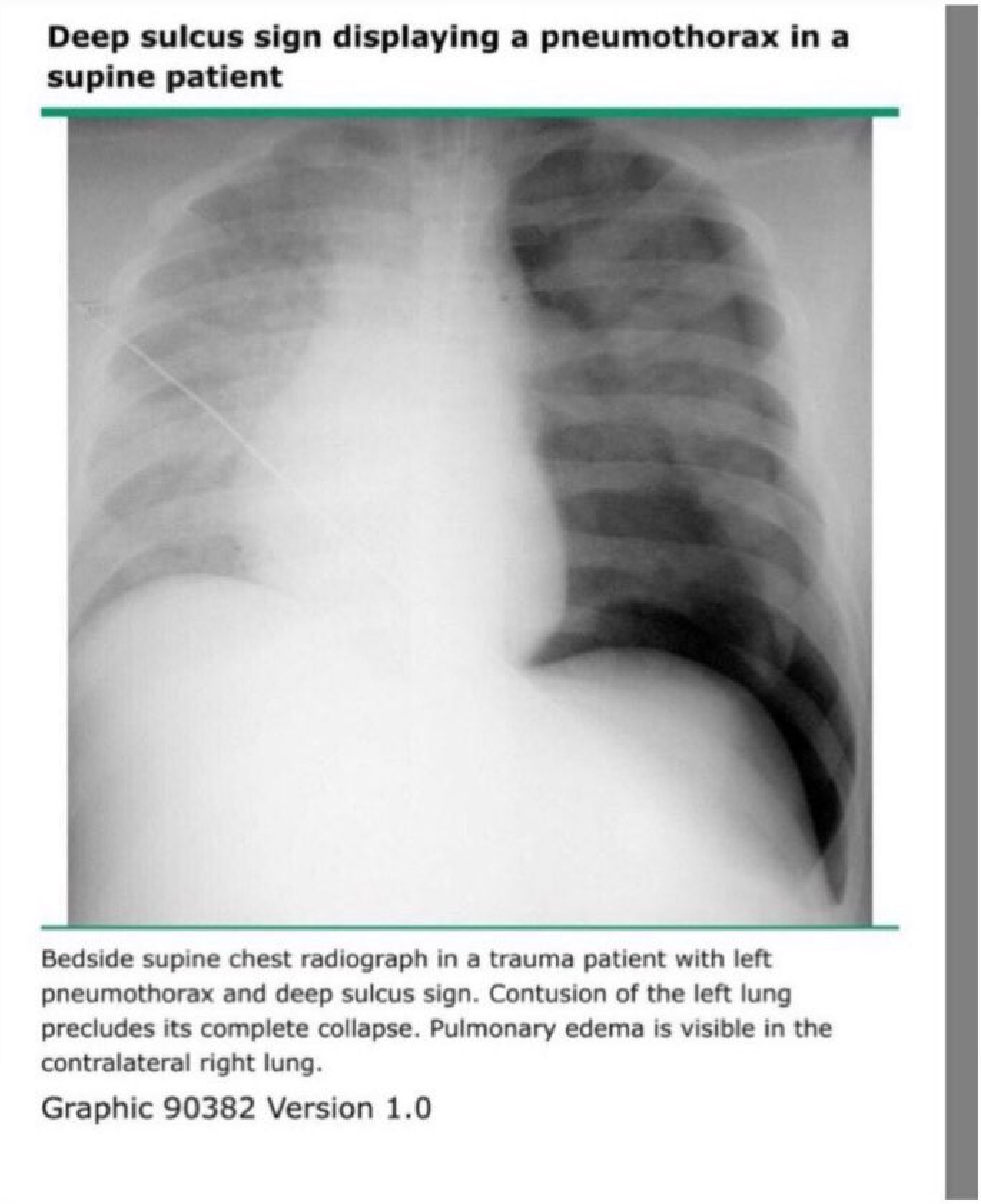
Hydronephrosis and hydrouretet and sever dilatation of bladder due to vesicureteric Obstruction

Dx:reflux

جان رايد ال

radiological features

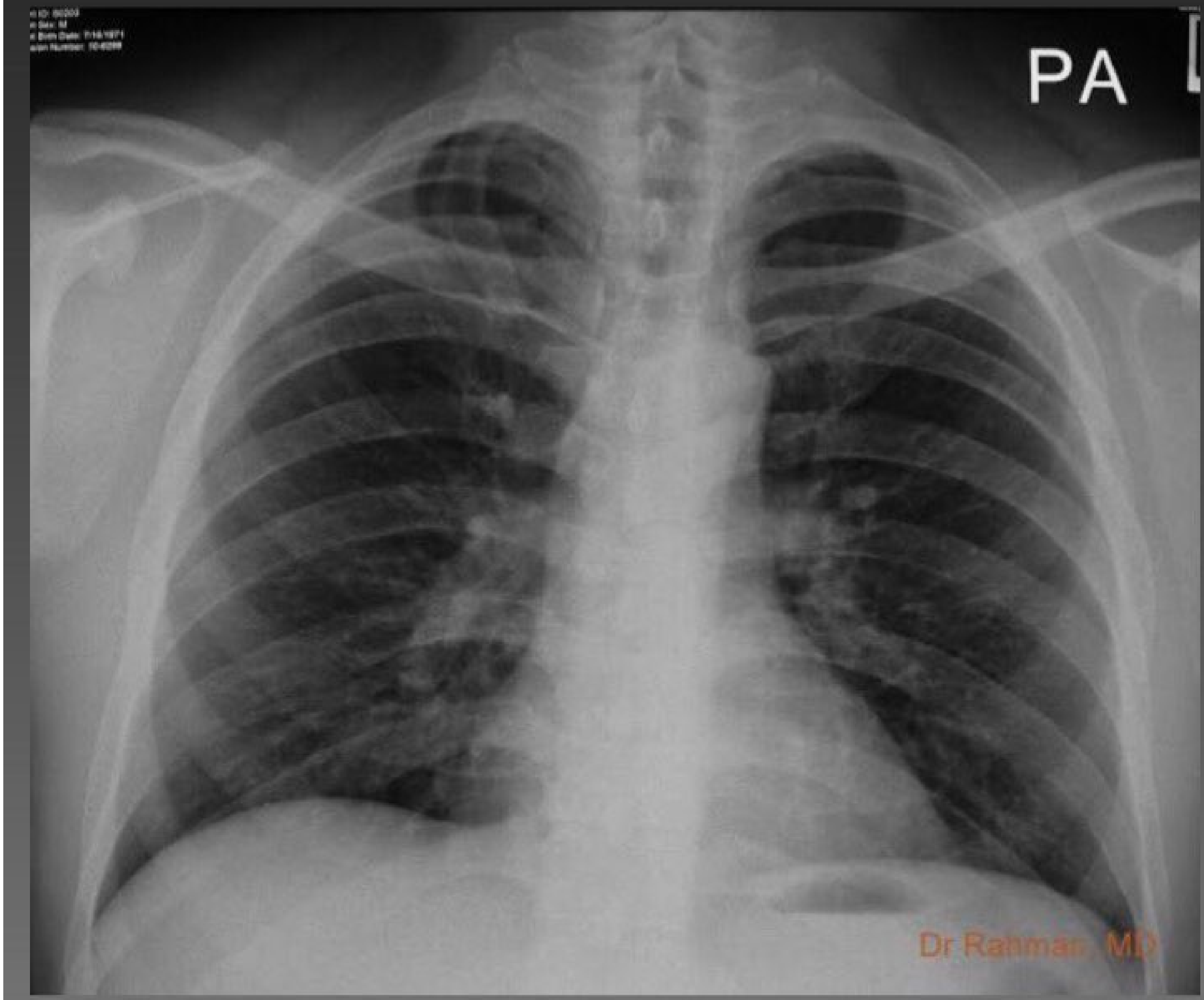
3 ddx



Deep sulcus sign displaying a pneumothorax in a supine patient

Bedside supine chest radiograph in a trauma patient with left pneumothorax and deep sulcus sign. Contusion of the left lung precludes its complete collapse. Pulmonary edema is visible in the contralateral right lung.

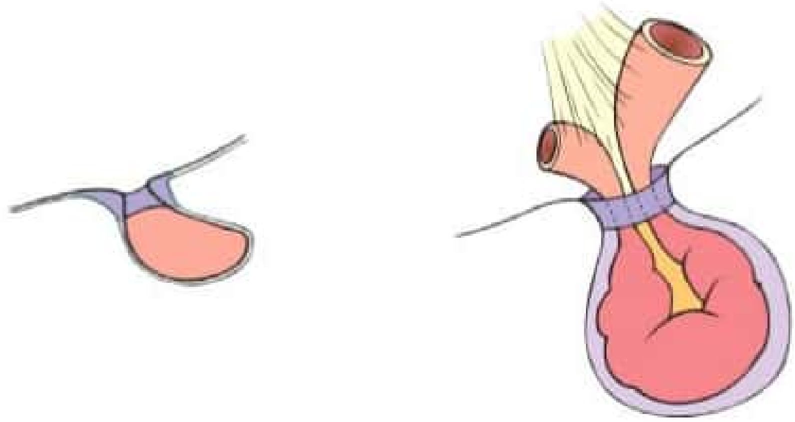
Graphic 90382 Version 1.0


PA
Dr Rahman, MD

Q6// R.side cervical rib

كومبلكيشن
بريكل بلكسز

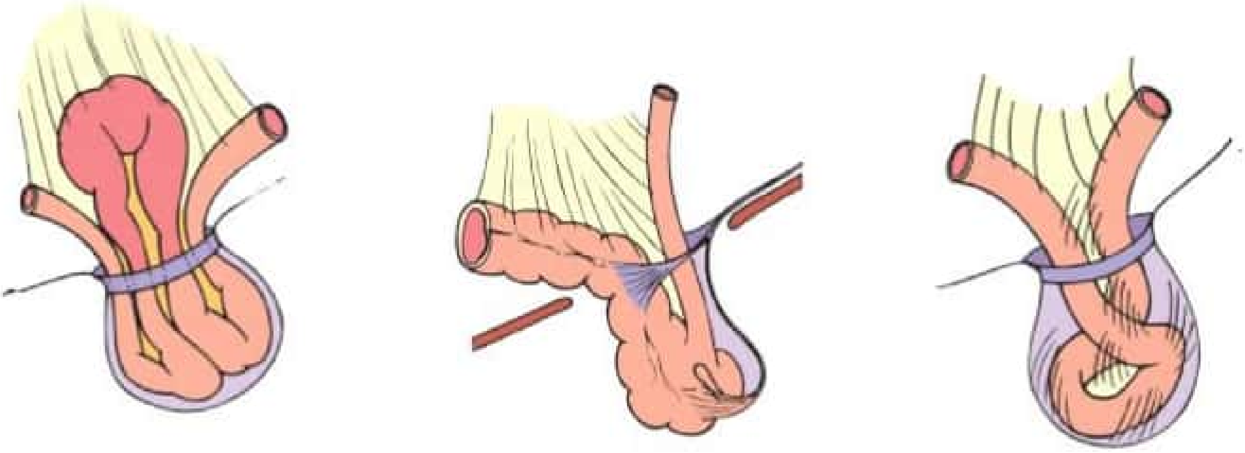
SOME DEFINITIONS



Neck of sac
This tight ring of peritoneum is usually the site of any strangulation.

A strangulated hernia
The blood supply of the contents of the hernia is cut off. When a loop of gut is strangulated there will also be intestinal obstruction.

A strangulated hernia
If the sac is small, a knuckle of bowel can be caught in the sac and strangled without causing intestinal obstruction. This is called a *Richter's hernia*.



Maydl's hernia
When two adjacent loops of bowel are in the sac, the intervening portion in the abdomen is the first to suffer if the neck of the sac is tight, because it is the centre of the whole loop involved. Thus the strangulated piece is intra-abdominal. This is a rare variety of strangulation.

Sliding hernia
If bowel which is normally extraperitoneal forms one side of the sac, it is thought to have slid down the canal pulling peritoneum with it, hence the name *hernia-en-glissade*. The sac can contain other loops of bowel, and the gut forming the wall of the sac can be strangled by the external ring.

Incarceration
The contents are fixed in the sac because of their size and adhesions. The hernia is irreducible but the bowel is not strangulated or obstructed.

FIG 14.5

Scanned by CamScanner

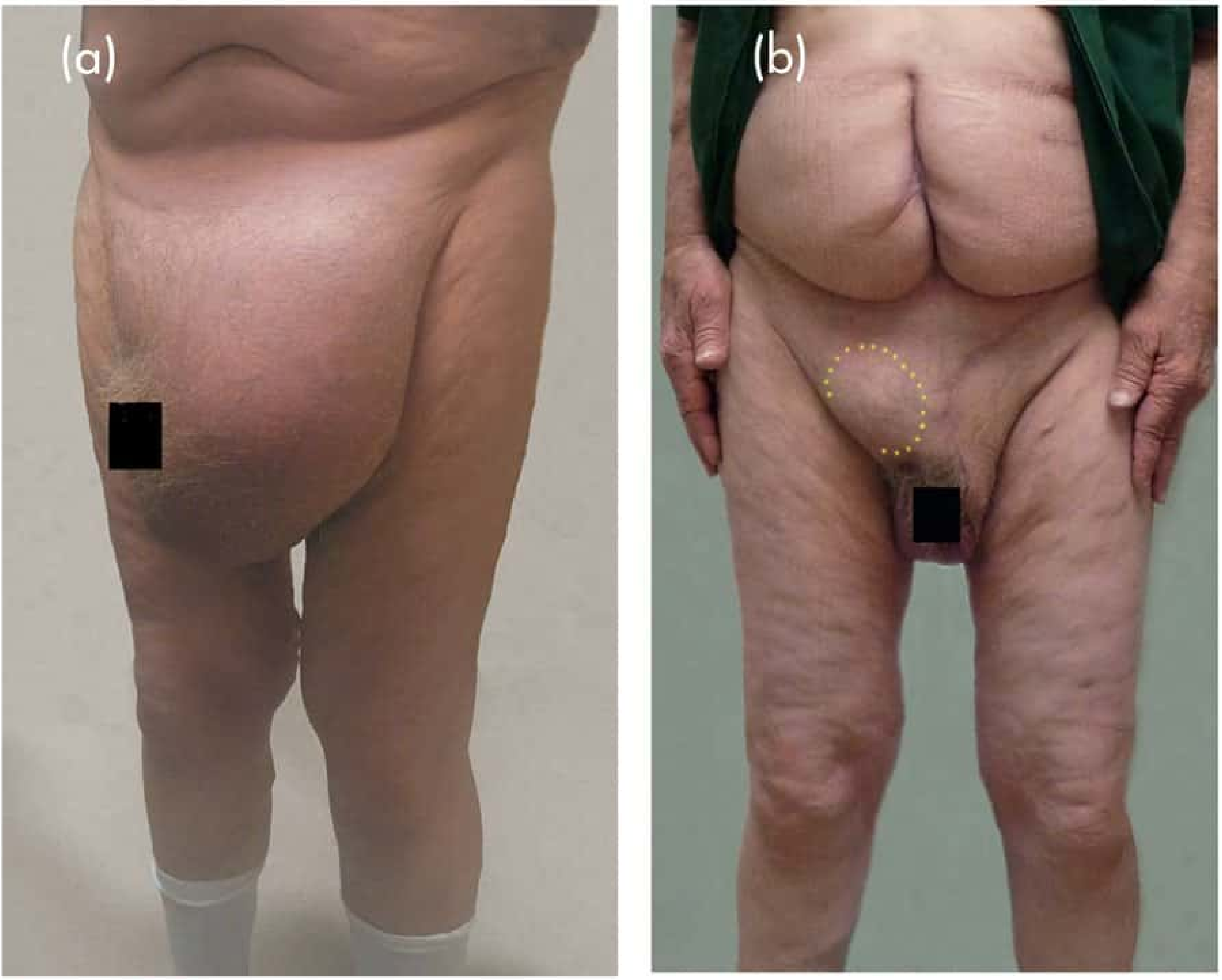
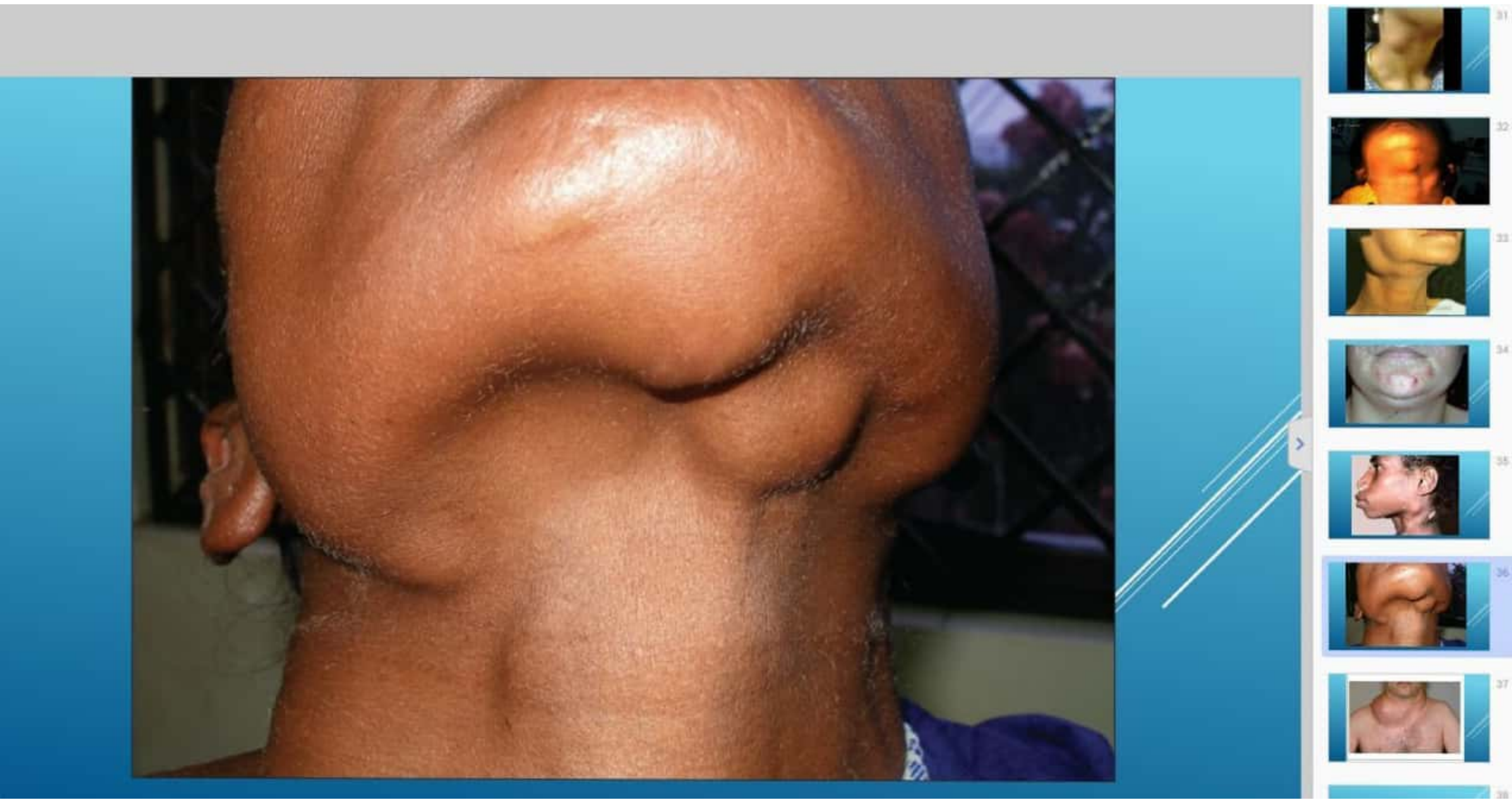


Figure 34.3 (a) A giant left indirect inguinal hernia extending below the middle of the thigh and completely distorting scrotal and groin anatomy. It contained large segments of colon and most of the small bowel. (b) After its repair, coexisting right inguinal hernia becomes apparent (bulge outlined).

Scanned by CamScanner



Scanned by CamScanner

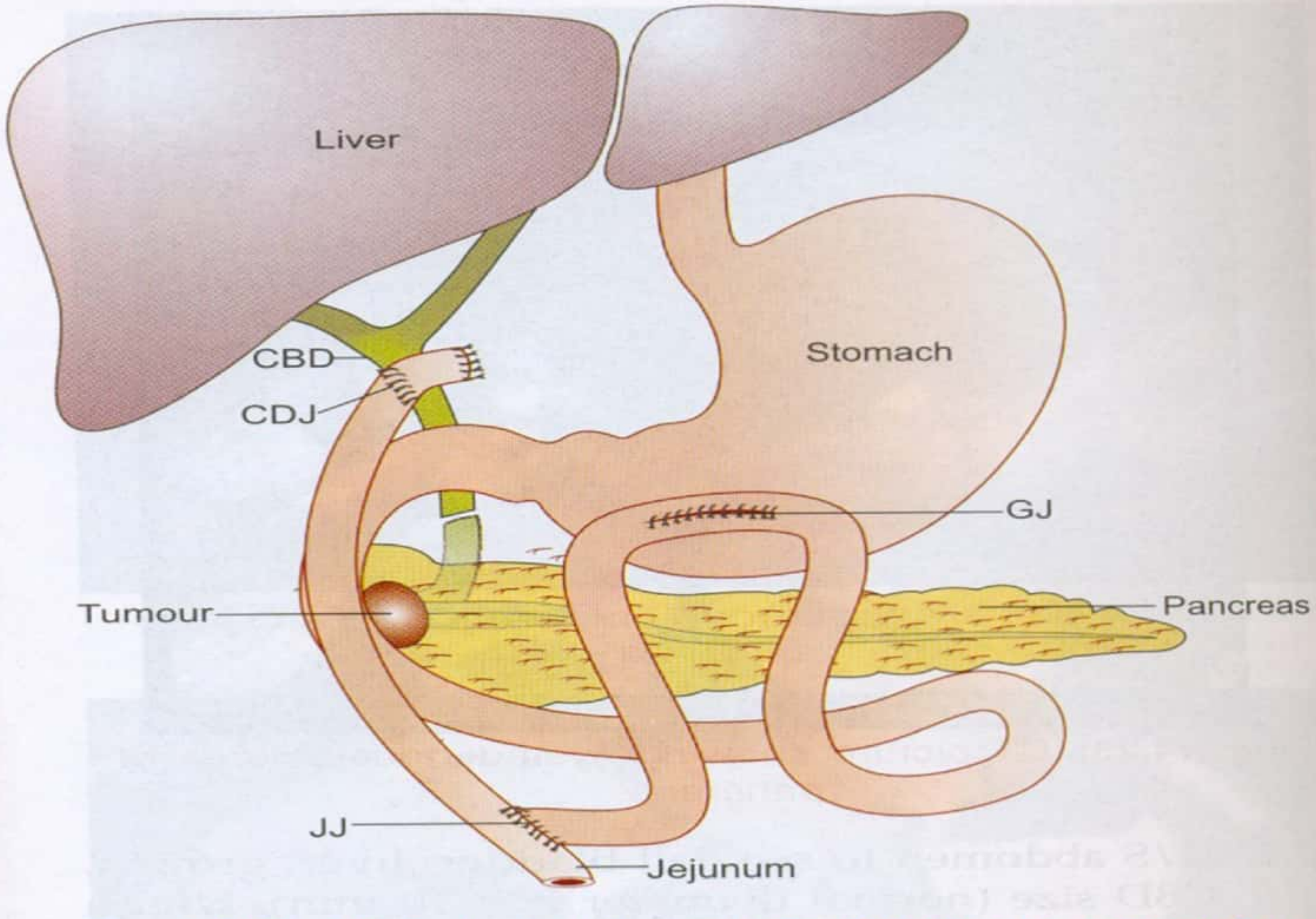
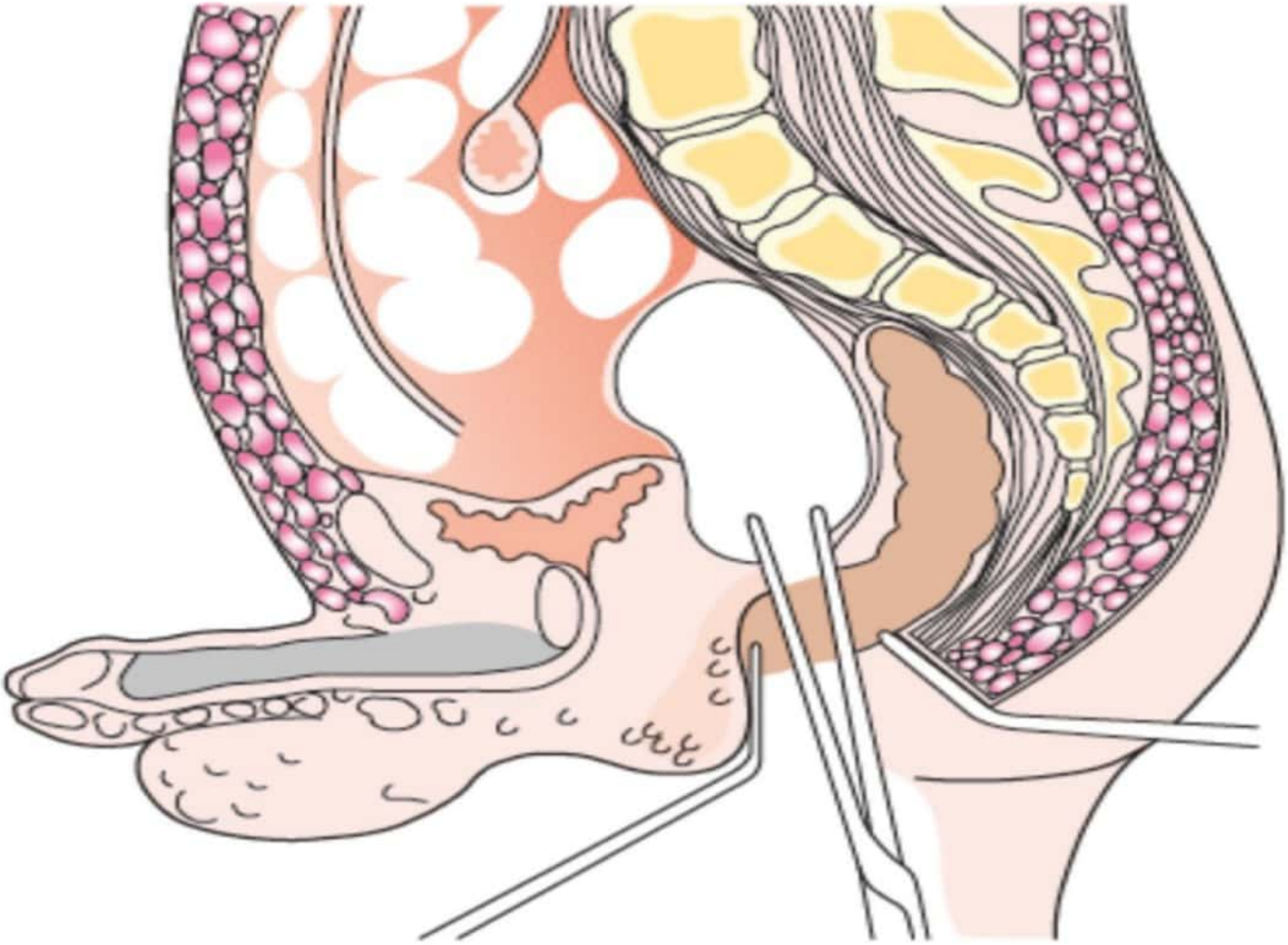

Liver
Stomach
CBD
CDJ
GJ
Tumour
Pancreas
JJ
Jejunum

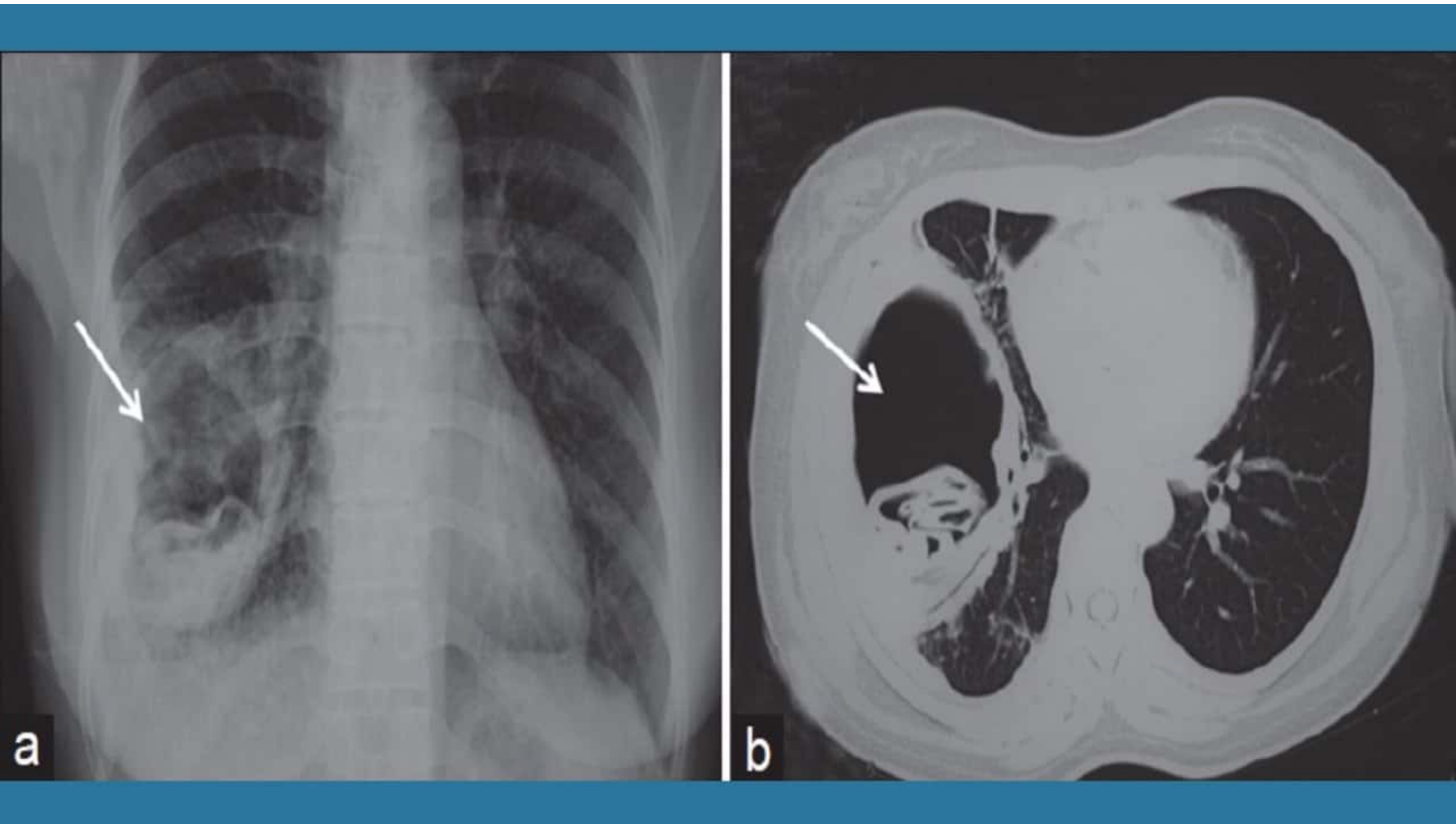
Fig. 14.26: Choledochojejunostomy (CDJ) with gastrojejunostomy (GJ) and jejunojejunostomy (JJ). It is a Roux-en-Y anastomosis. CDJ should be 70 cm from the JJ.

Scanned by CamScanner



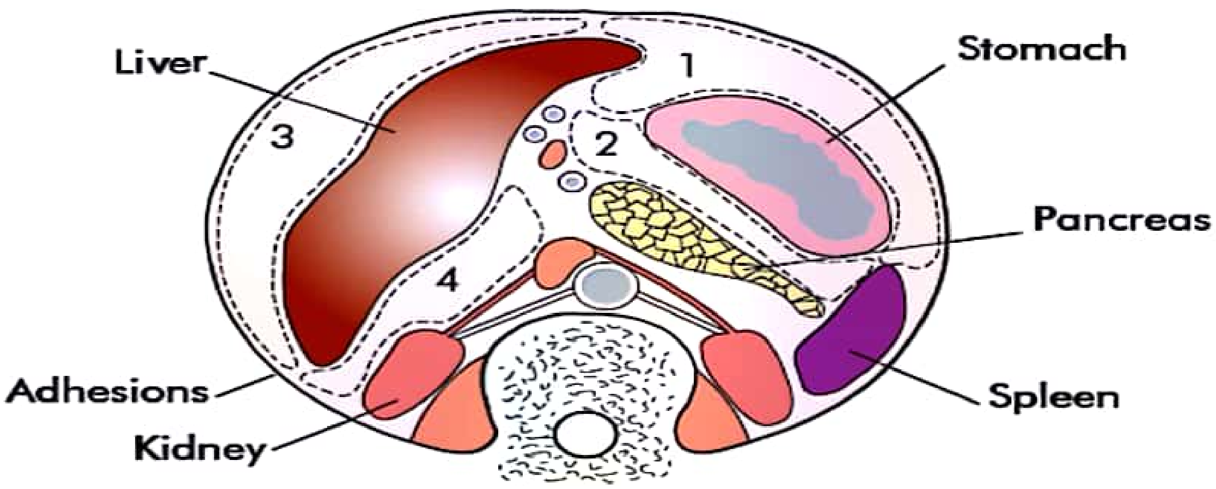
6 Opening a pelvic abscess into the rectum.

Scanned by CamScanner

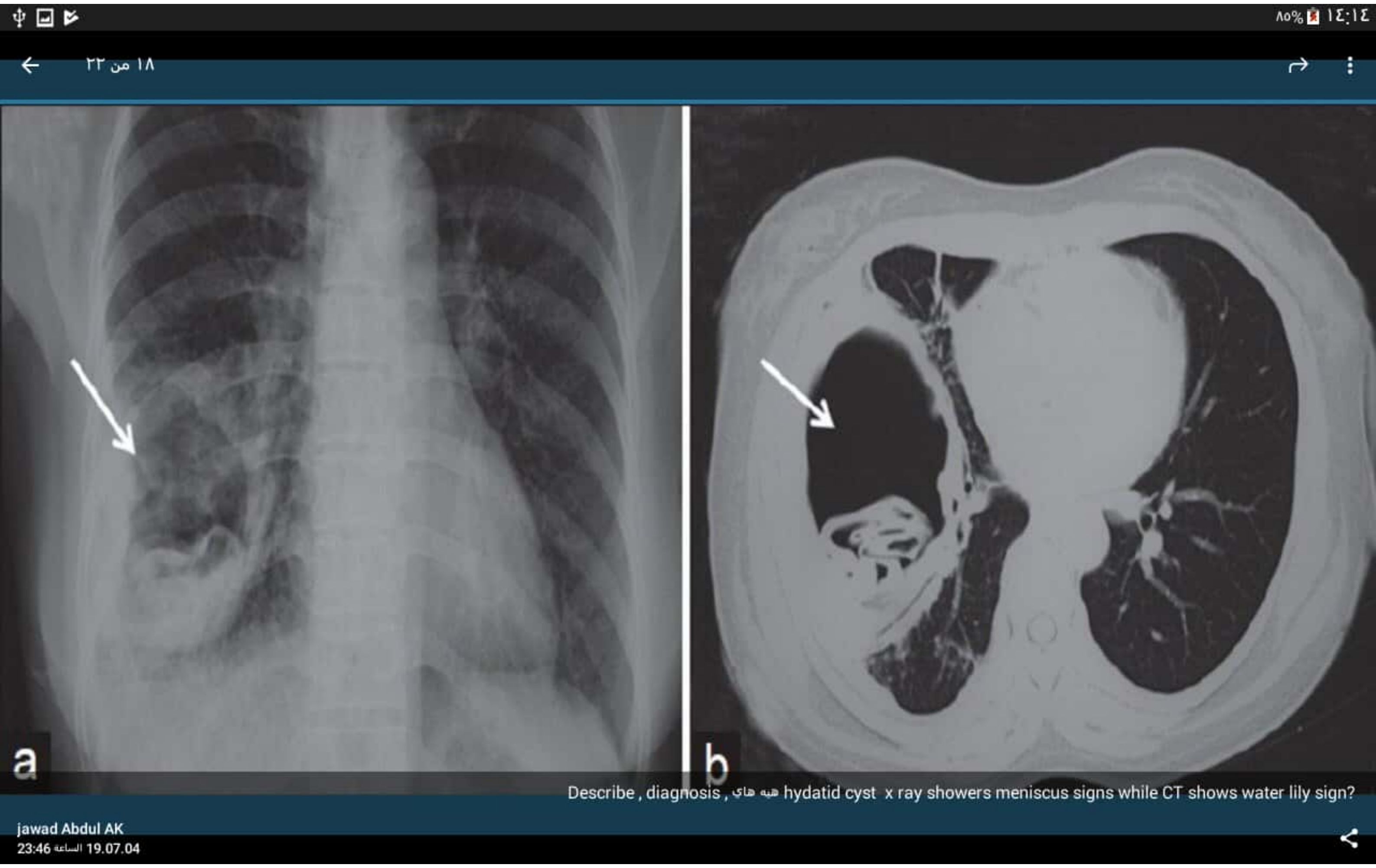


Scanned by CamScanner

(a)


Liver
1
Stomach
3
2
Pancreas
4
Adhesions
Spleen
Kidney

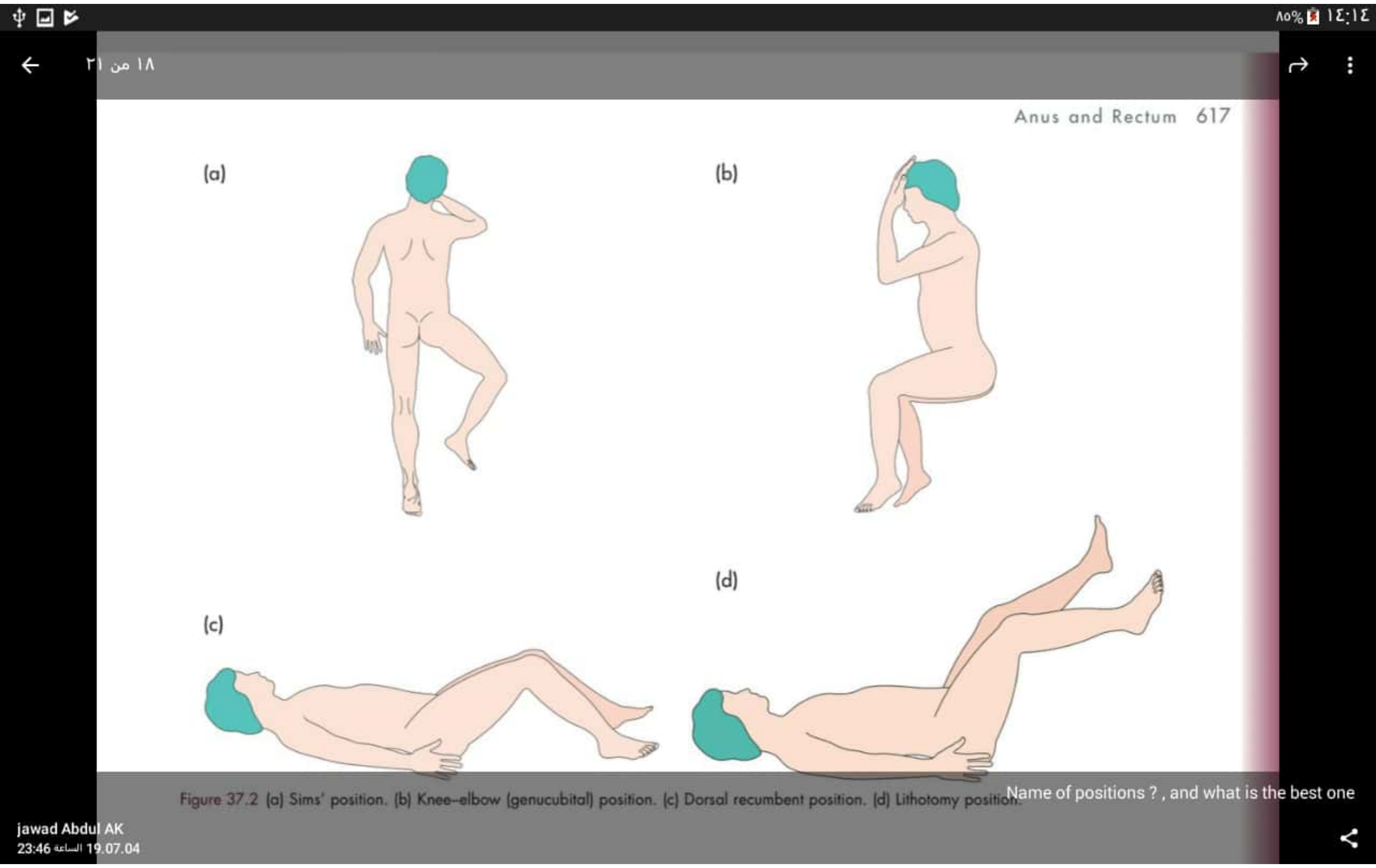
Scanned by CamScanner



Describe , diagnosis , هيه هاي hydatid cyst x ray showers meniscus signs while CT shows water lily sign?

jawad Abdul AK
23:46 الساعة 19.07.04

Scanned by CamScanner



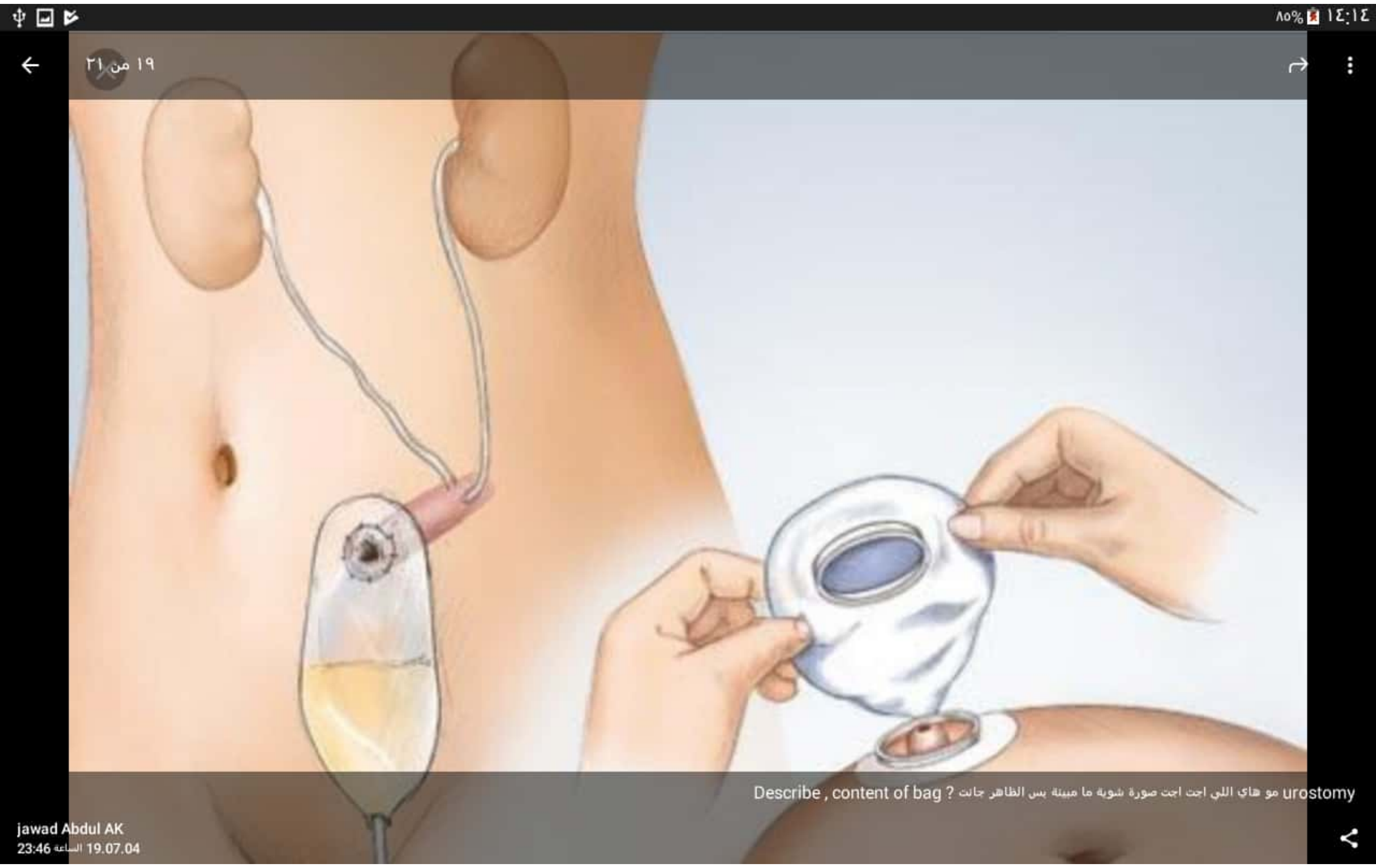
Anus and Rectum 617

Figure 37.2 (a) Sims' position. (b) Knee–elbow (genucubital) position. (c) Dorsal recumbent position. (d) Lithotomy position.

Name of positions ? , and what is the best one

jawad Abdul AK
23:46 الساعة 19.07.04

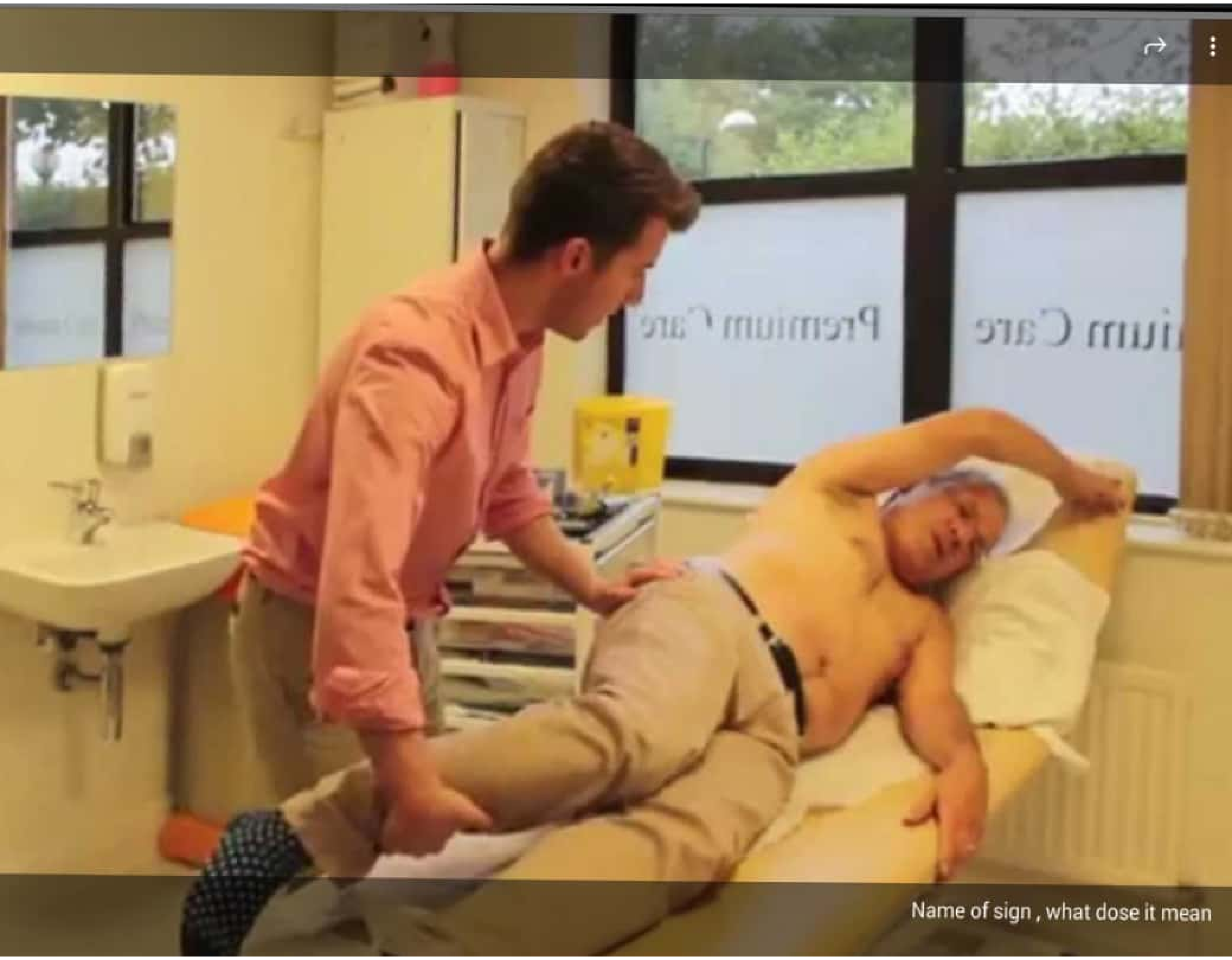
Scanned by CamScanner



Describe , content of bag ? مو هاي اللي اجت اجت صورة شوية ما مبينة بس الظاهر جانت urostomy

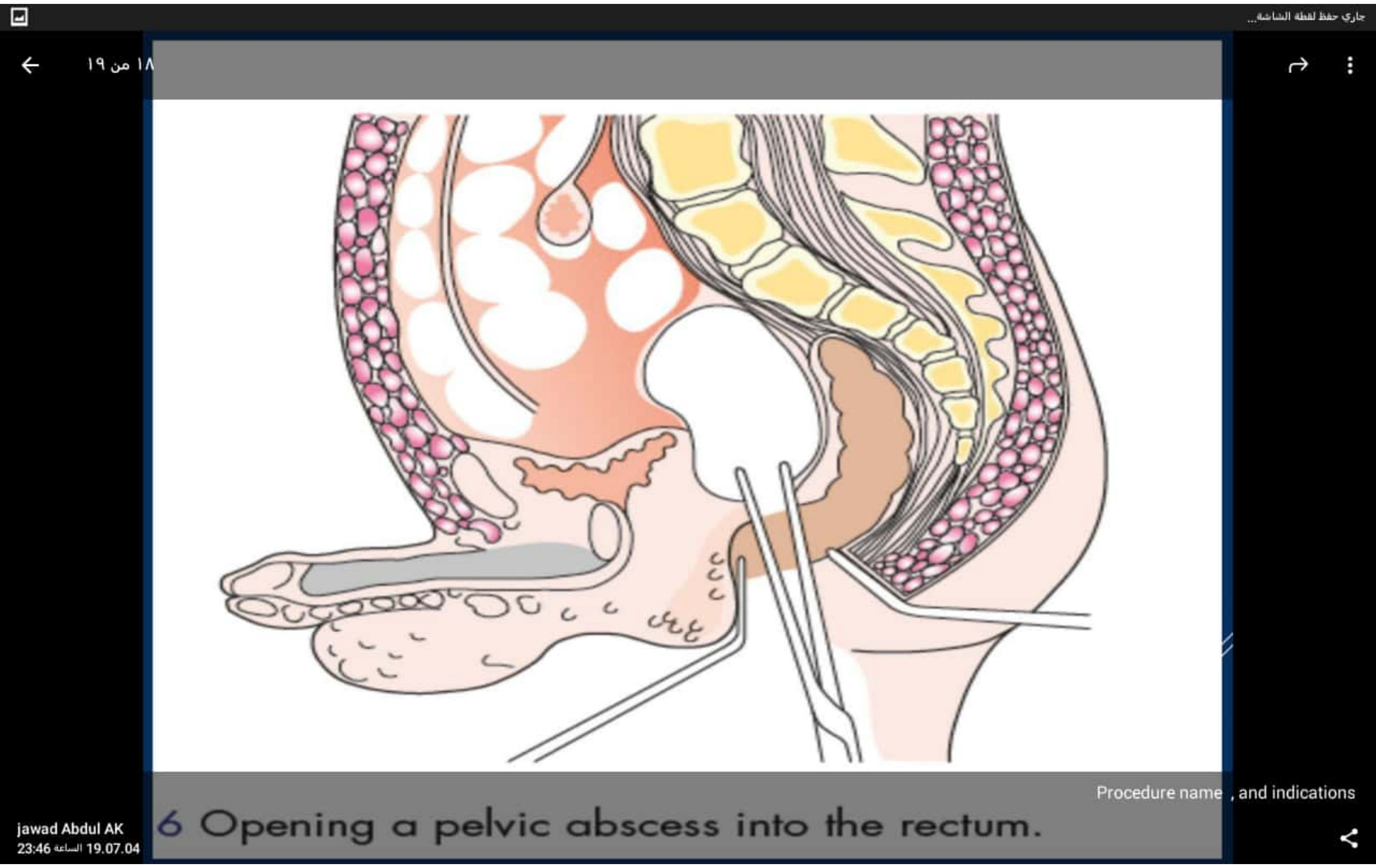
jawad Abdul AK
19.07.04 الساعة 23:46

Scanned by CamScanner



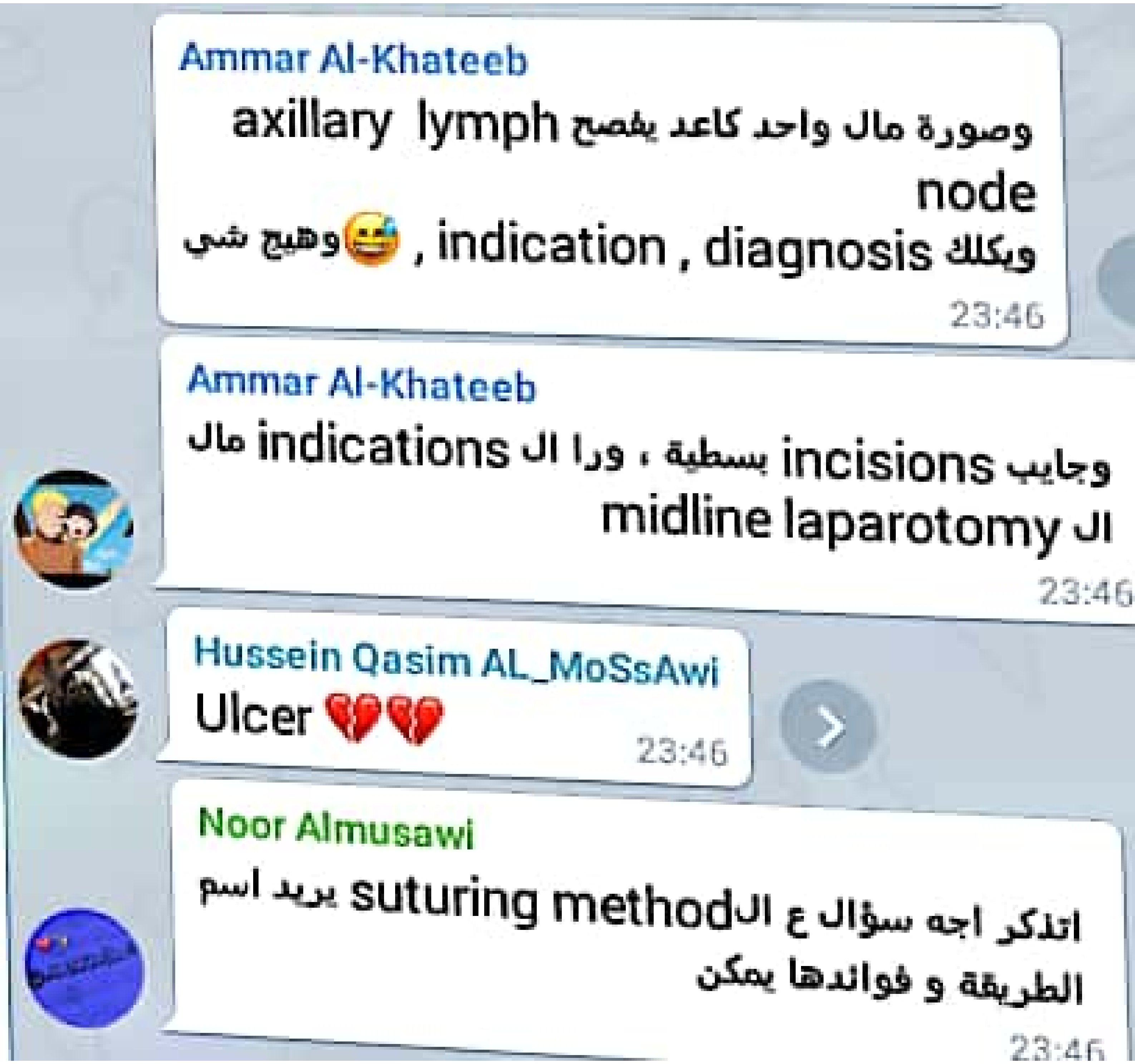
Name of sign , what dose it mean

Scanned by CamScanner


جاري حفظ لقطة الشاشة...
١٨ من ١٩
Procedure name , and indications
jawad Abdul AK
23:46 الساعة 19.07.04

6 Opening a pelvic abscess into the rectum.

Scanned by CamScanner



Ammar Al-Khateeb

وصورة مال واحد كاعد يفحص axillary lymph node
ويكلك diagnosis , indication , 😅وهيج شي

23:46

Ammar Al-Khateeb

وجايب incisions بسطية ، ورا ال indications مال
ال midline laparotomy

23:46

Hussein Qasim AL_MoSsAwi

Ulcer 💔💔

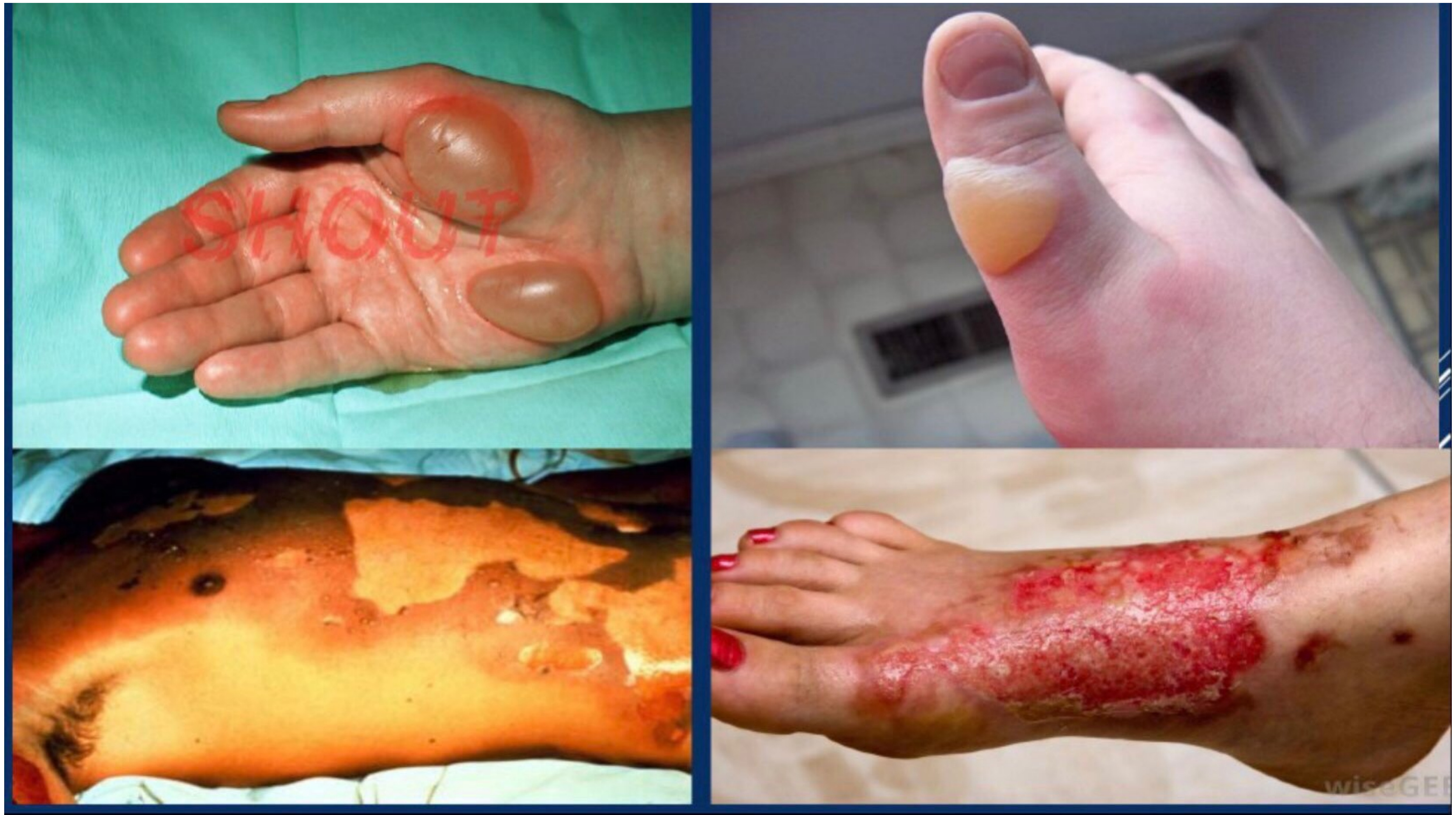
23:46

Noor Almusawi

اتذكر اجه سؤال ع الsuturing method يريد اسم
الطريقة و فوائدها يمكن

23:46

Scanned by CamScanner



different type of burn
in upper2 picture there is intact blister filled with clear fluid surround by ery themia indicated 2 nd degeree burn partial thickness
in lower 2 picture there is black aschcar indicated 3rd degree burn

اخر صوره ام صبغ الاضافر الاحمر
there is deep tissue destruction in rhe dorseal aspect of the foot well demarcated indicated partial thickness deep type

زهراء عبدالحسين

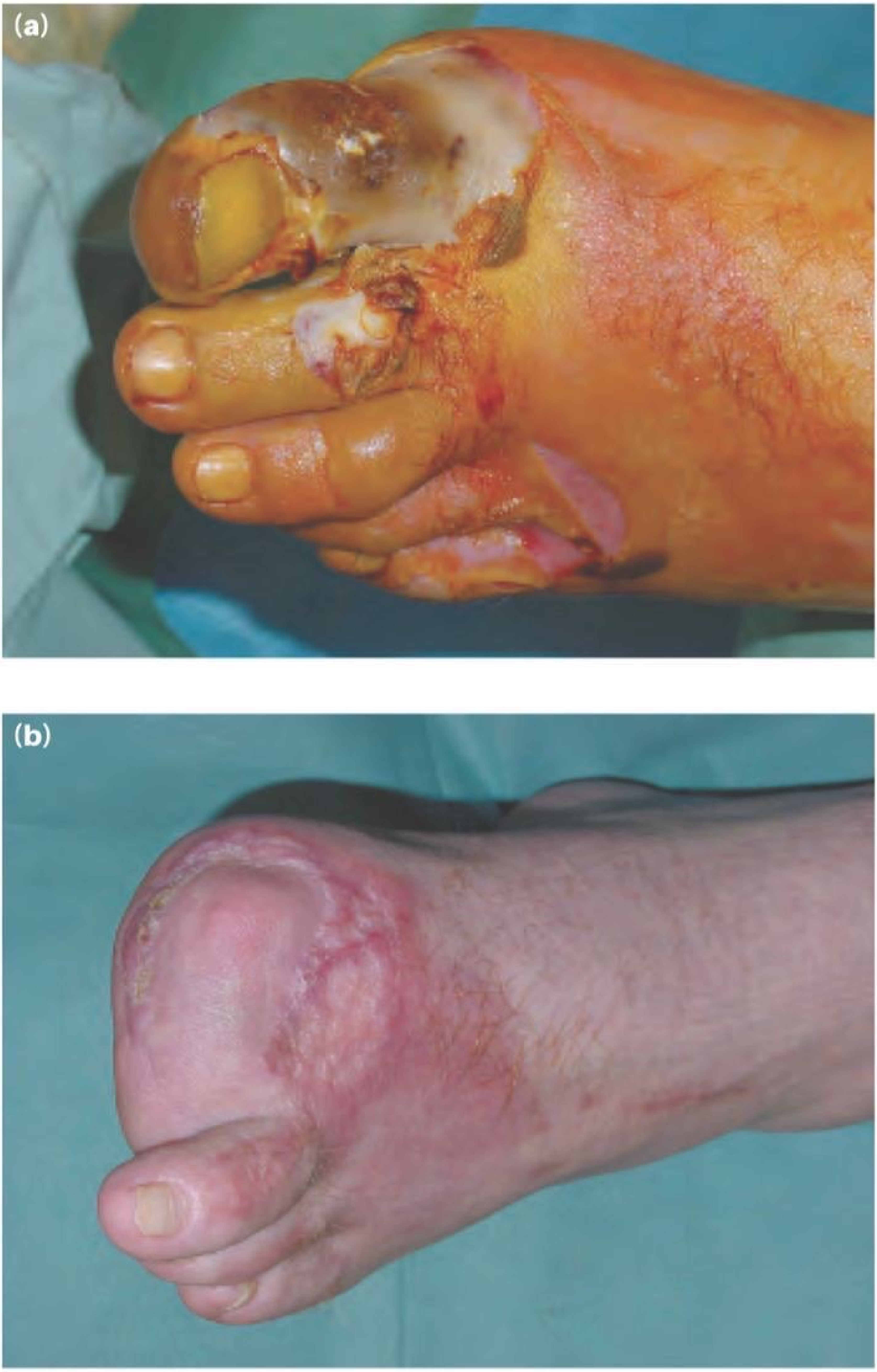


Figure 41.13 **(a)** An exit wound of a high-tension injury, with a dead big toe and significant damage to the medial portion of the second toe. **(b)** Amputation and cover with the lateral portion of the second toe.

Q12/ About Undescended testis. Write true or false

1-Impalapble undergo single stage orchopexy. (False)

2-Surgery done as soon as discoverd to prevent malignancy and infertility. **(False)**

3-Orchopexy done within 1 year. **(True)**

Q13/ Write True or false... Acute haematogenous osteomyelitls is treated by:

1-urgent-surgery **(True)**

2-Early moblilsation **(False)**

3-Antibiotic **(True)**

4-Analgesia **(True)**

Q14/ About Starvation instruction for children before surgery.. Write True or false

1-Four hours for breast milk **(True)**

2-Ten hours for soild foot **(False)**

3-Two hours for clear fluid **(True)**

Q15/ About Presentation of intussception.. Write true or false

1-2 month to 2 year **(True)**

2-Bilious vomiting **(True)**

3-Bloody stool **(True)**

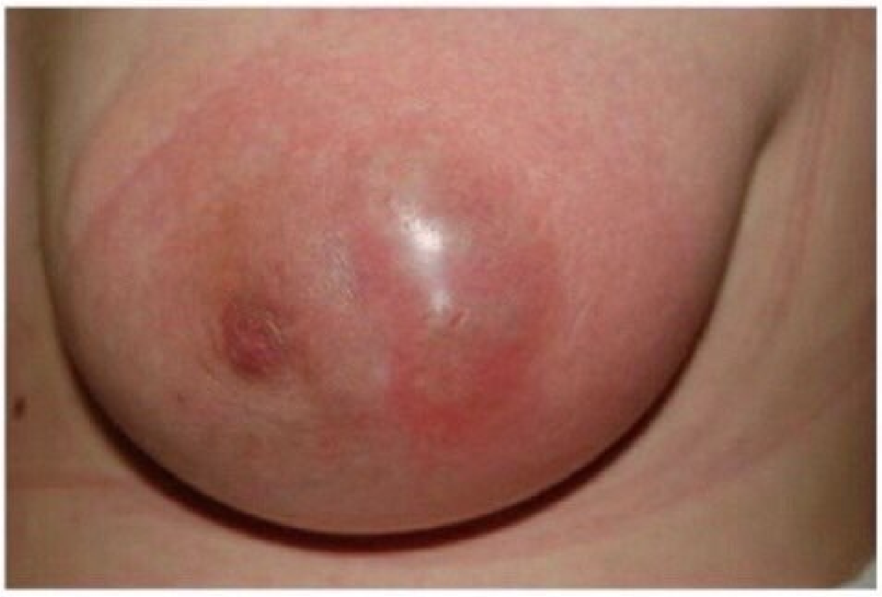
Q16/ About Inguinal hernia in children.. Write true or false

1-The cause remanent process vaginalis **(False)**

2-bilateral 15 % **(True)**

3-Hernioraphy need **(False)**

Q1/ Non-lacating women.
Describe? Causes? Management?

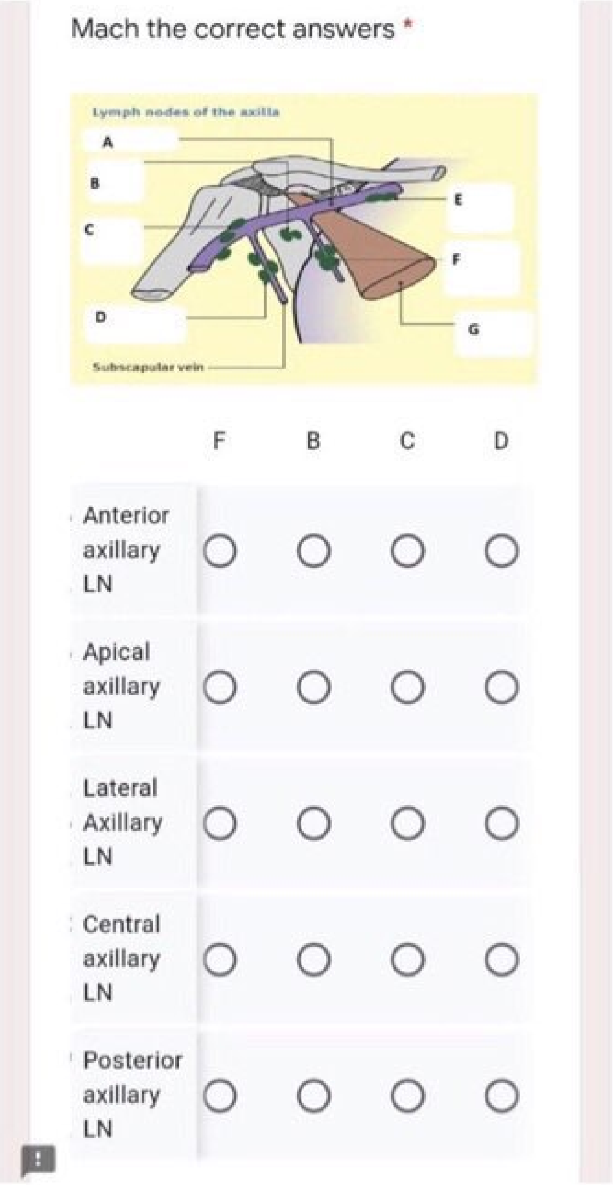


Answer:

Breast abscess .....diffuse
redness and swelling more prominent on the left side of the areola .....infection by staphylococcus and streptocoocus bacteria. . treatment by drainage through frequent aspiration or rarely by open drainage and broad spectrum antibiotic should be used

---

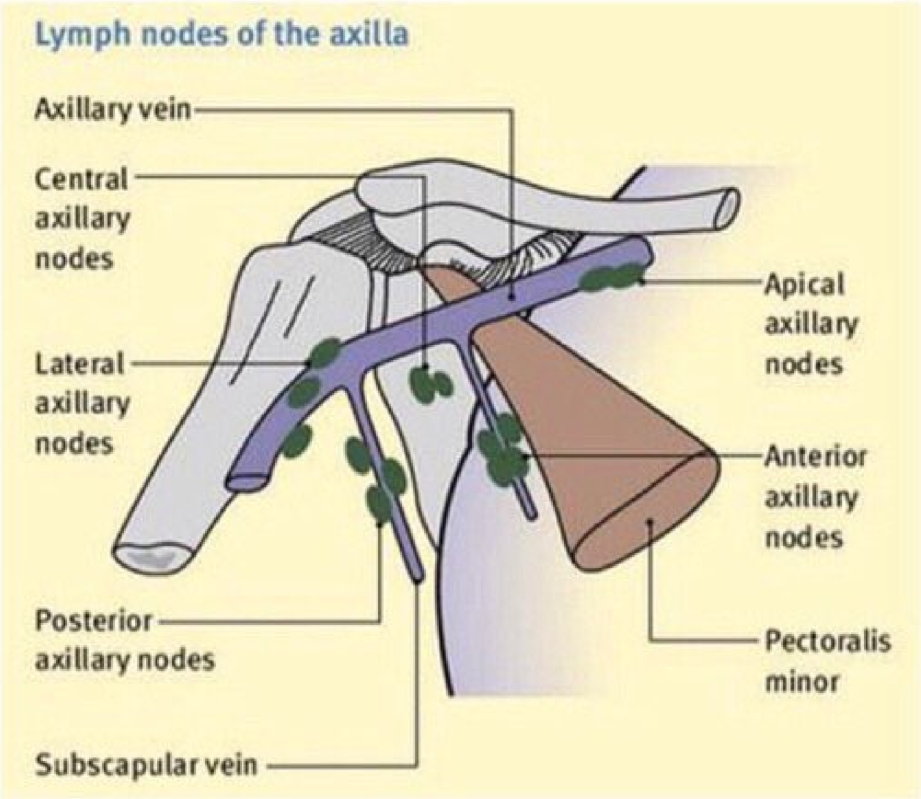
Q2/

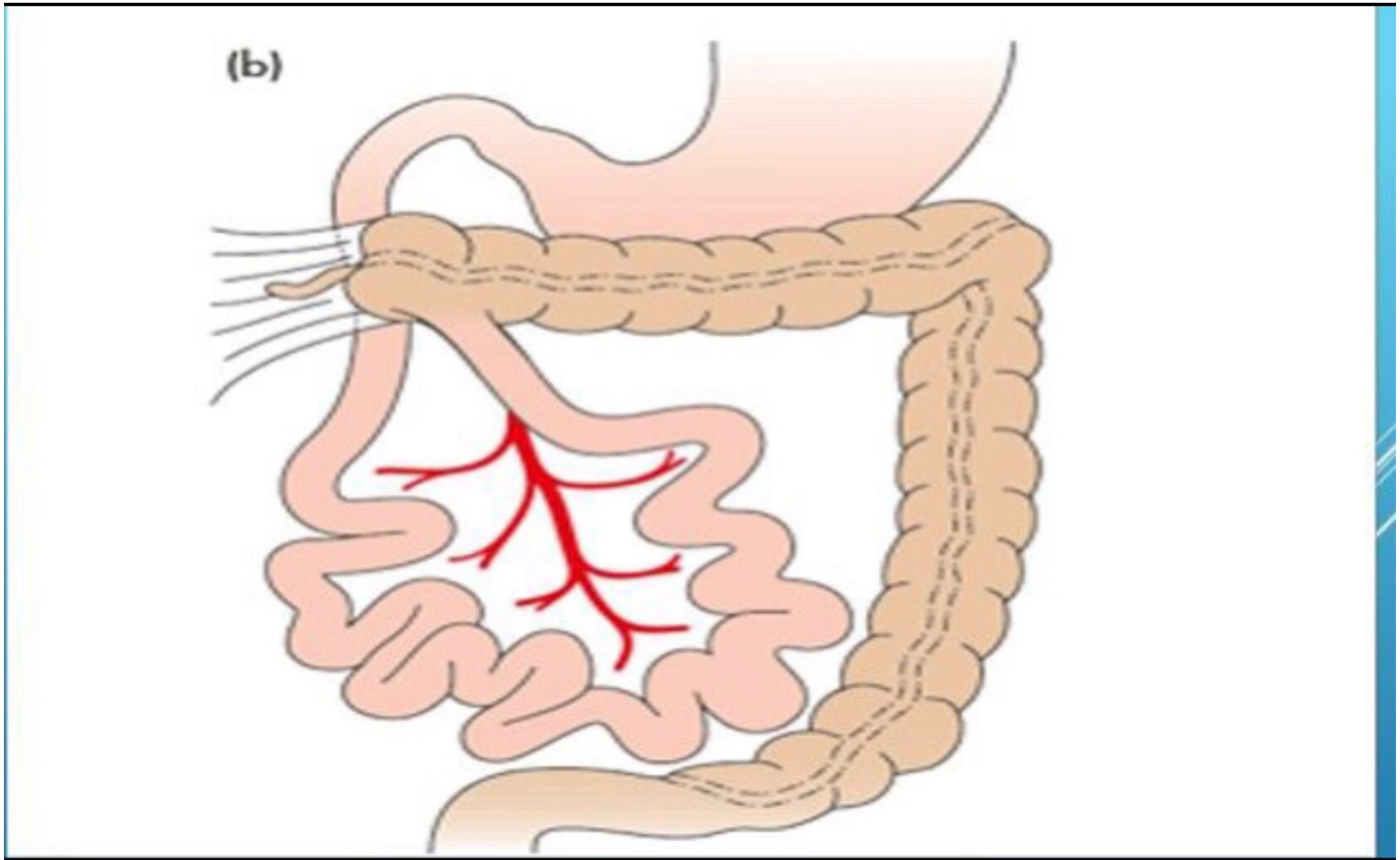

Lymph nodes of the axilla
A
B
C
D
E
F
G
Subscapular vein

Mach the correct answers *

	F	B	C	D
Anterior axillary LN	○	○	○	○
Apical axillary LN	○	○	○	○
Lateral Axillary LN	○	○	○	○
Central axillary LN	○	○	○	○
Posterior axillary LN	○	○	○	○

Answer:


Lymph nodes of the axilla
Axillary vein
Central axillary nodes
Lateral axillary nodes
Posterior axillary nodes
Subscapular vein
Apical axillary nodes
Anterior axillary nodes
Pectoralis minor

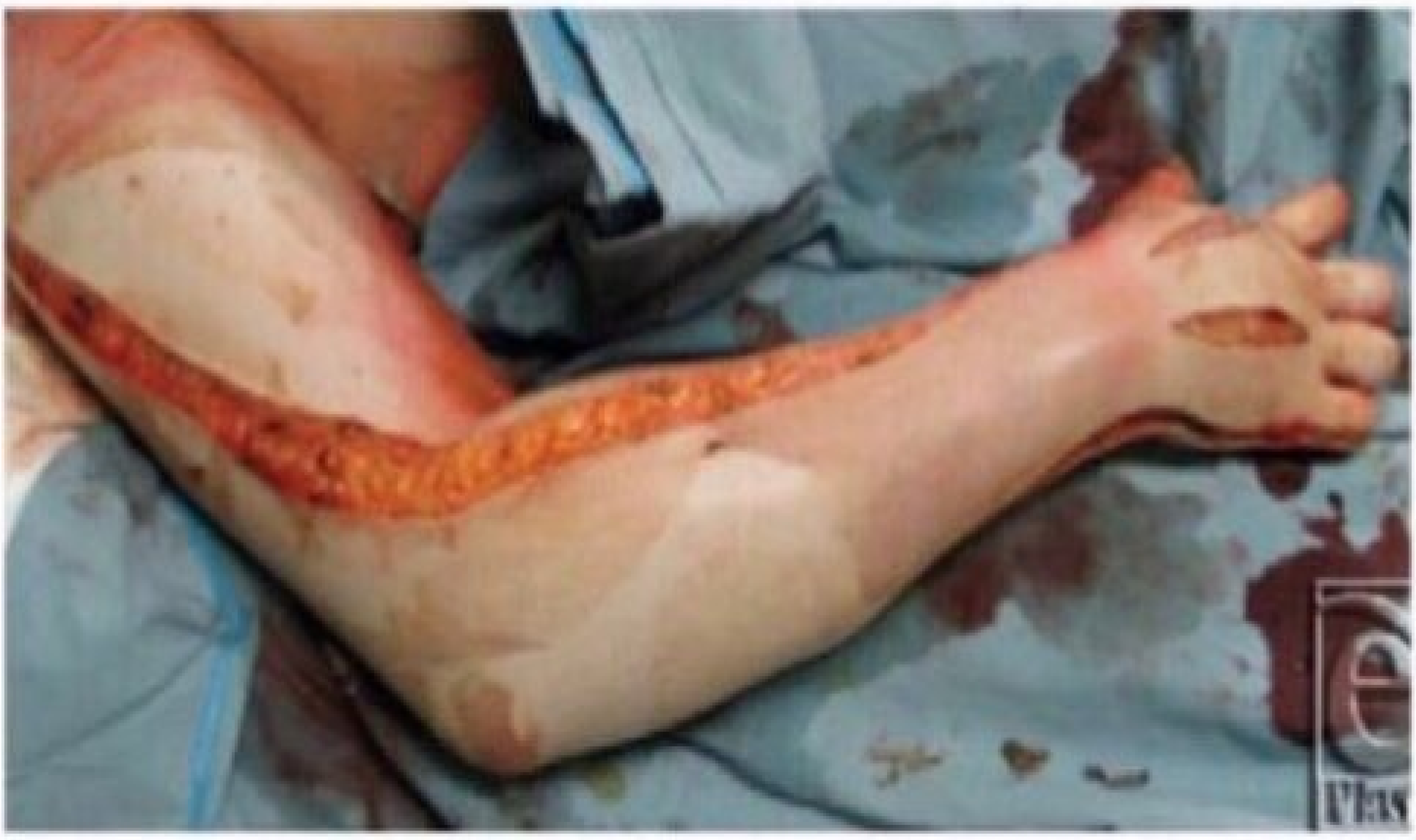


INTESTINAL MALROTATION .

وهذا مكتوب نصا جوه الصوره من بيلي

The narrow origin of the small bowel mesentery, which predisposes to mid-gut volvulus

Q3/



1.Describe 2. Name? 3.One indication? 4.Give two complications?

Answer:

1.Two short and two long incisions in right upper limb ,two on the right hand and others one on the lateral aspect along the right arm and one on medial aspect of forearm

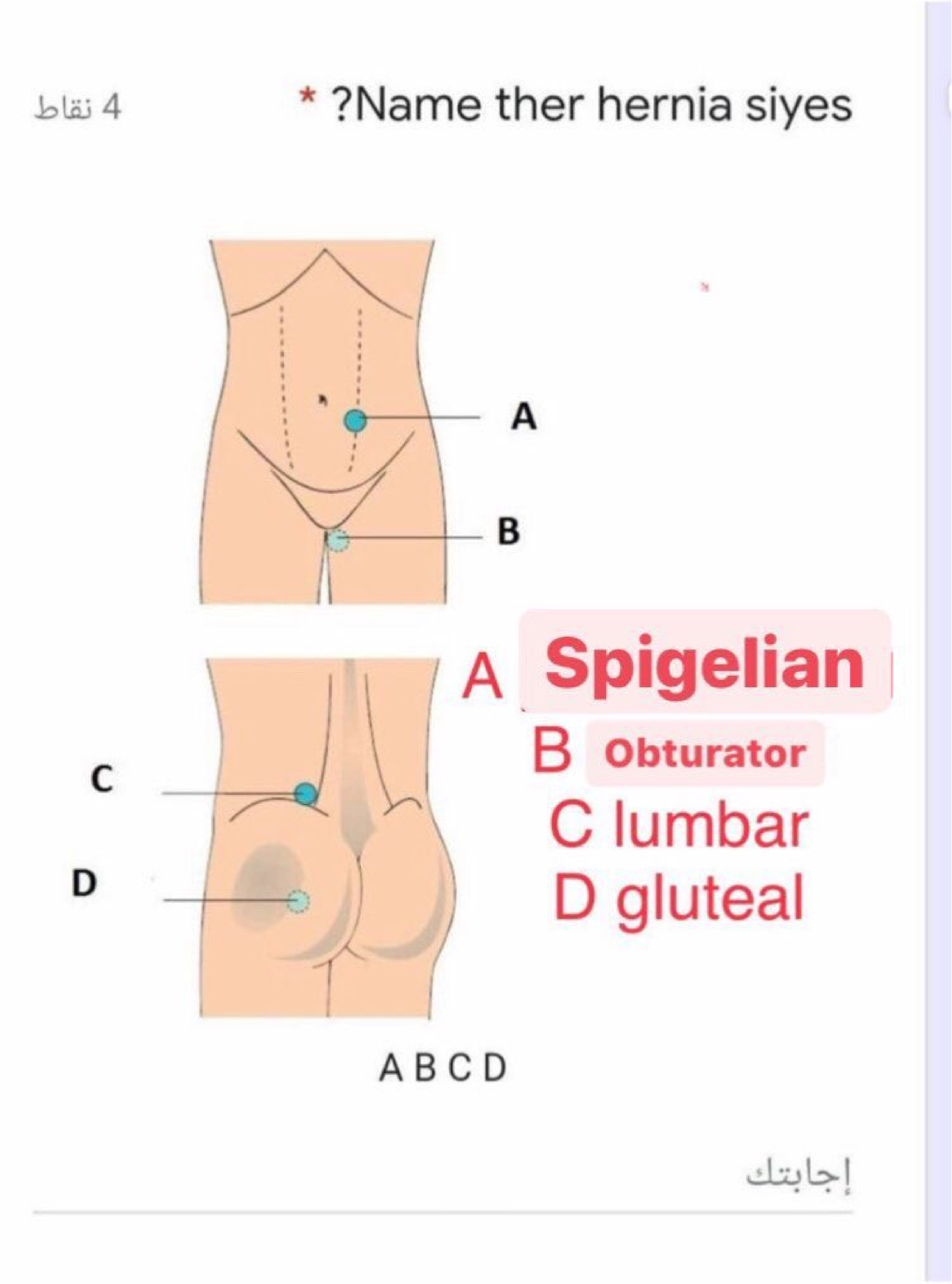
2. **escharotomy**

3 **circumferential full thickness burn of the right arm**

4.

-formation of scar tissue after the operation

-neurovascular complications or lead to the need for amputation of a limb.



4 نقاط

* ?Name ther hernia siyes

A **Spigelian**

B **Obturator**

C lumbar

D gluteal

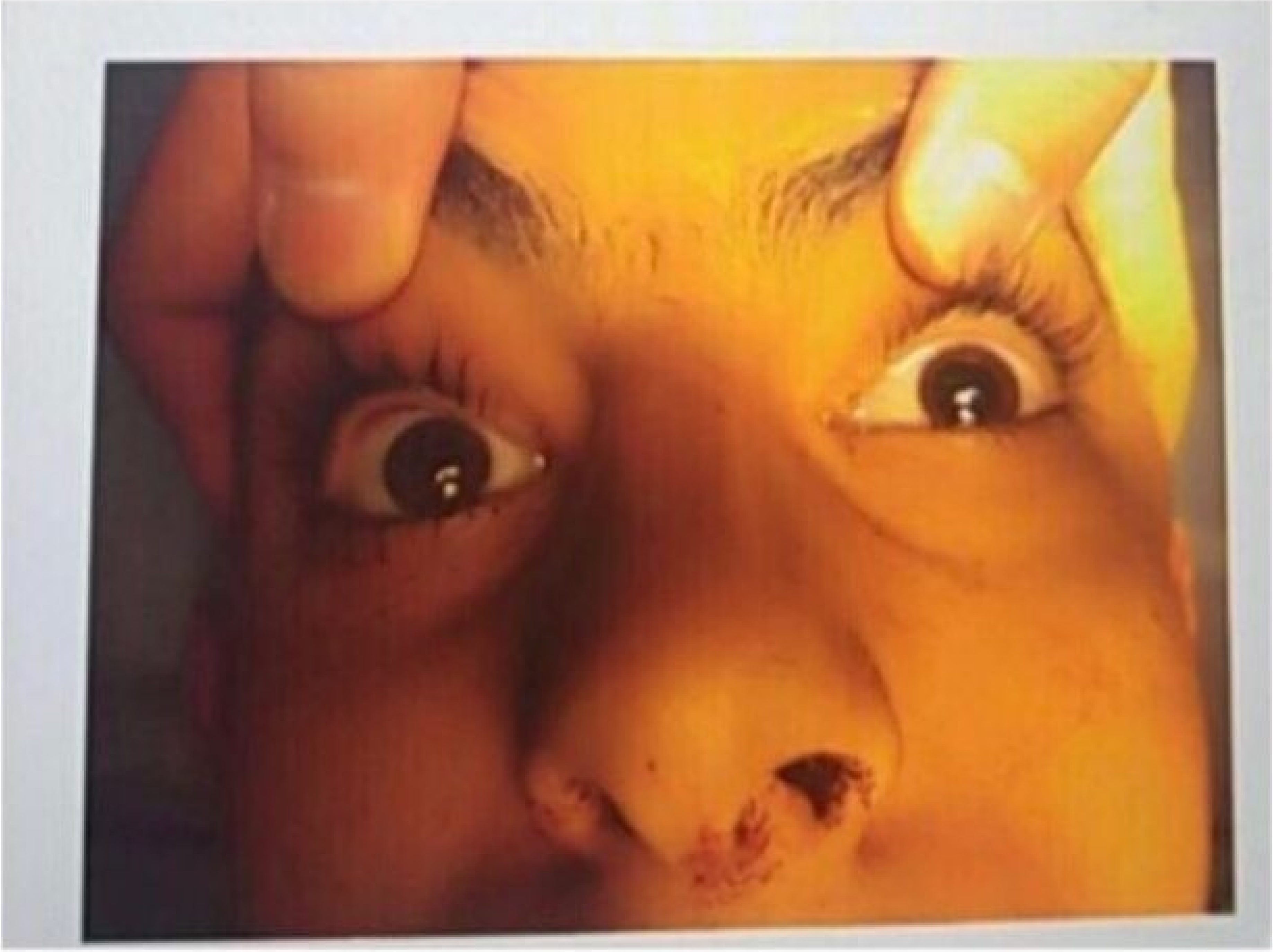
A B C D

إجابتك

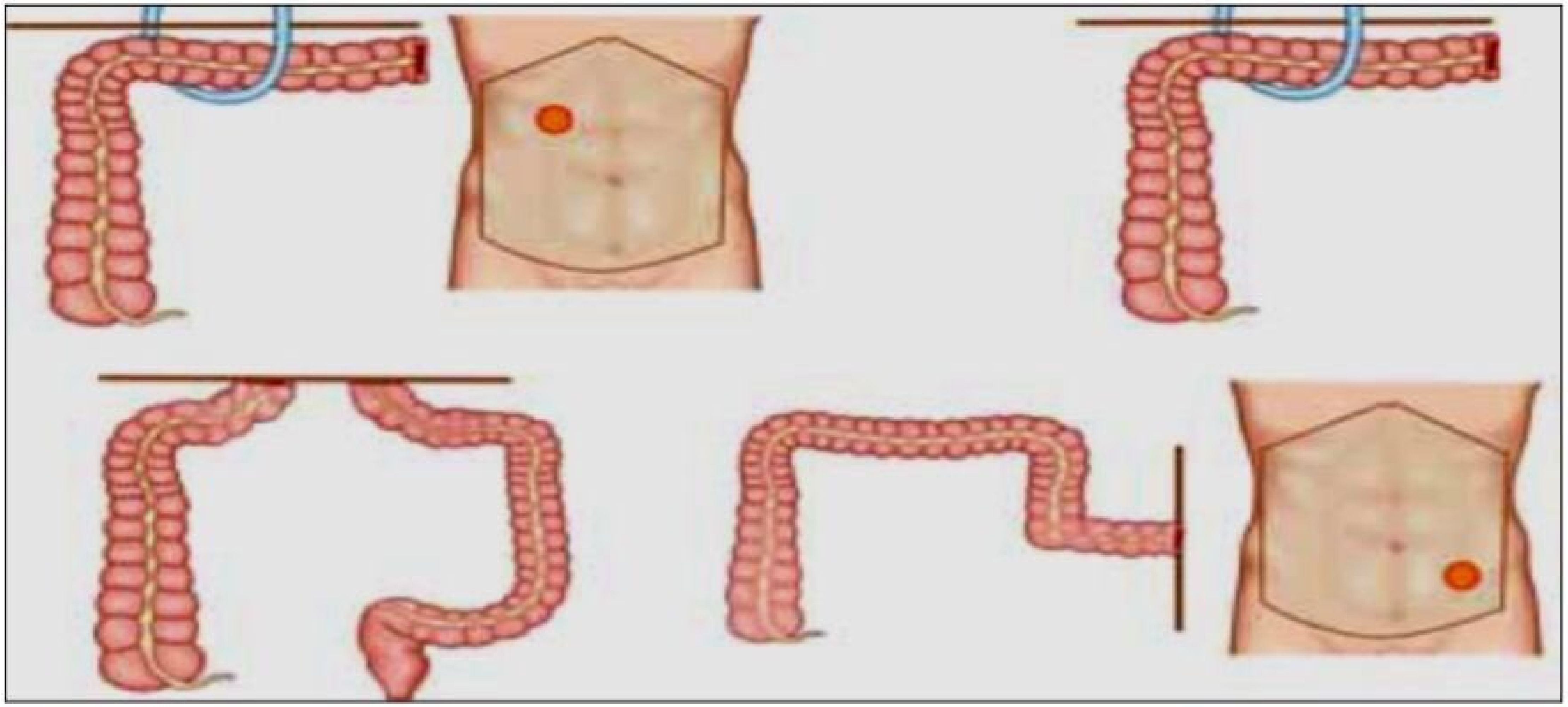
Q10/ Young age male presented to the ER after a motor vehicle accident with disturbed consciousness and dilated pupil on one side.

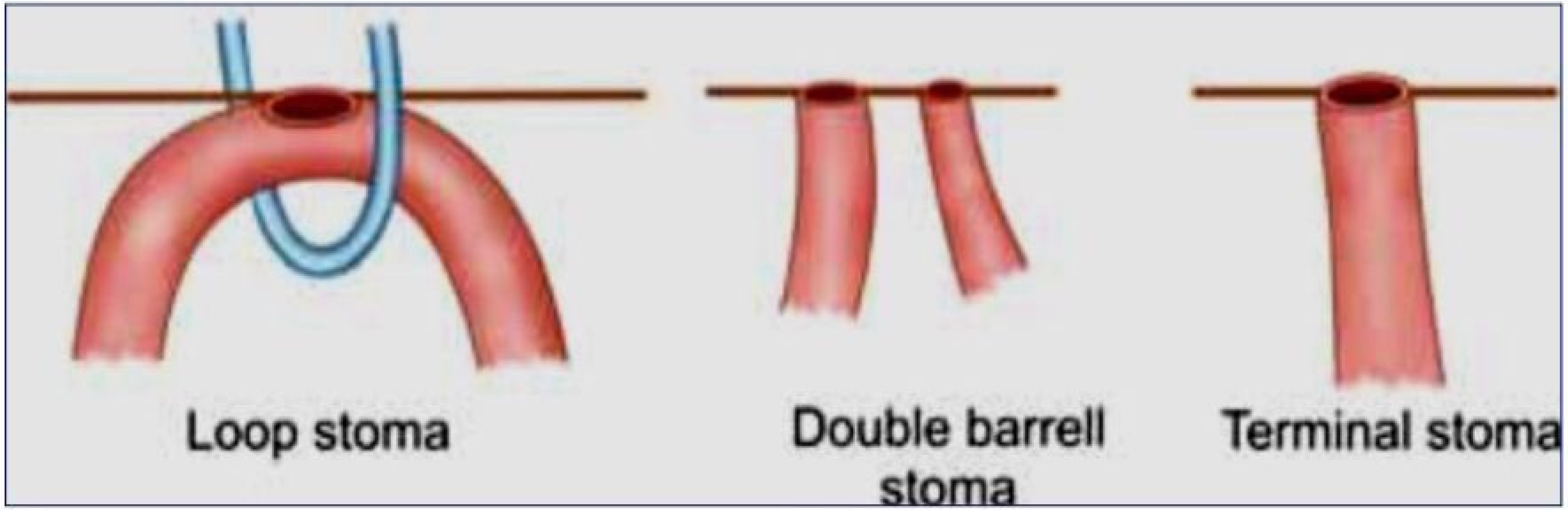
1-what is the most possible diagnosis.

2-describe your management as a resident doctor in ER for the pt. in short notes.



Answer: **هذا الكيس EDH**

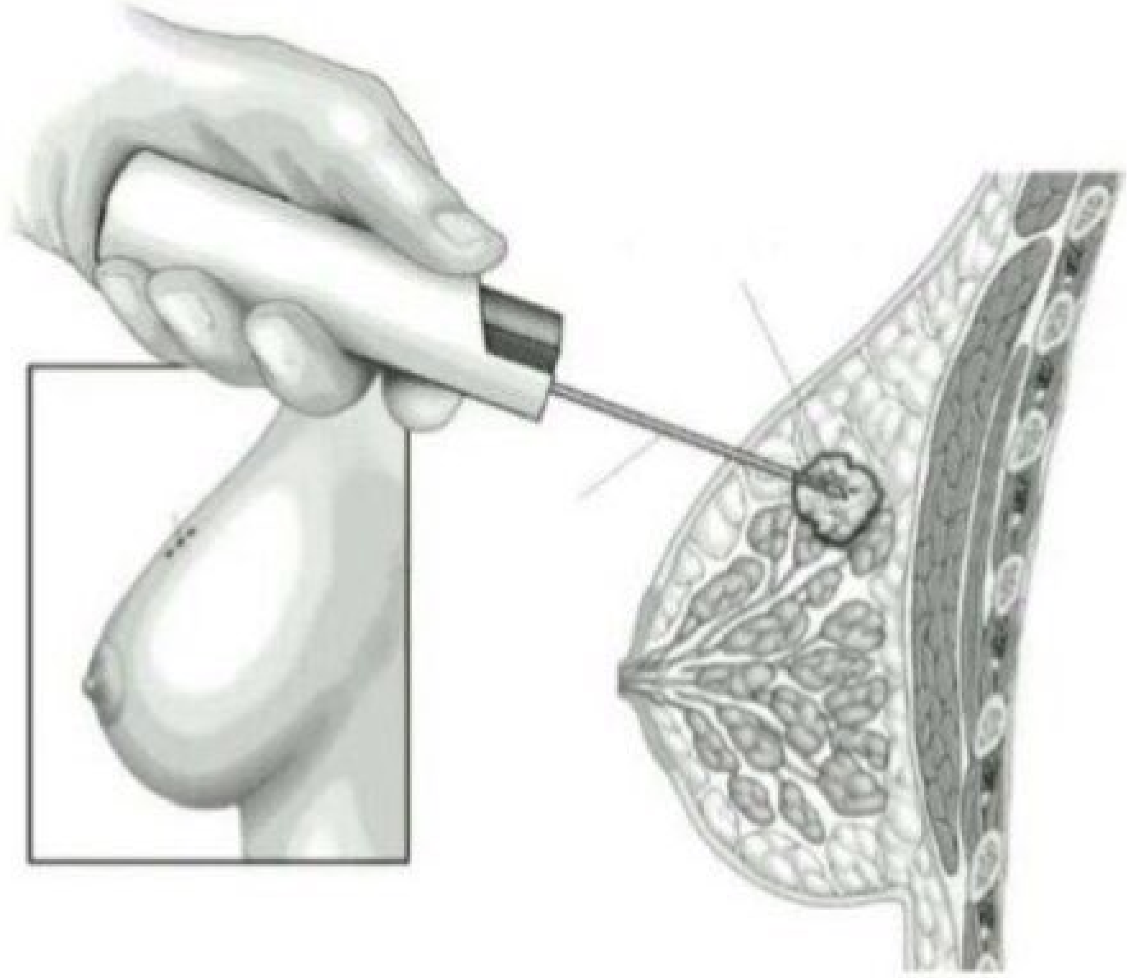



Loop stoma
Double barrell stoma
Terminal stoma

OSCE

5 نقاط

Name the test? Advantage? ?Accuracy *



Core needle biopsy

_The main advantage of a core needle biopsy is that it provides tissue architecture and thus a cytopathologist can determine whether there is an invasive component to the specimen.

_less invasive than surgical biopsy

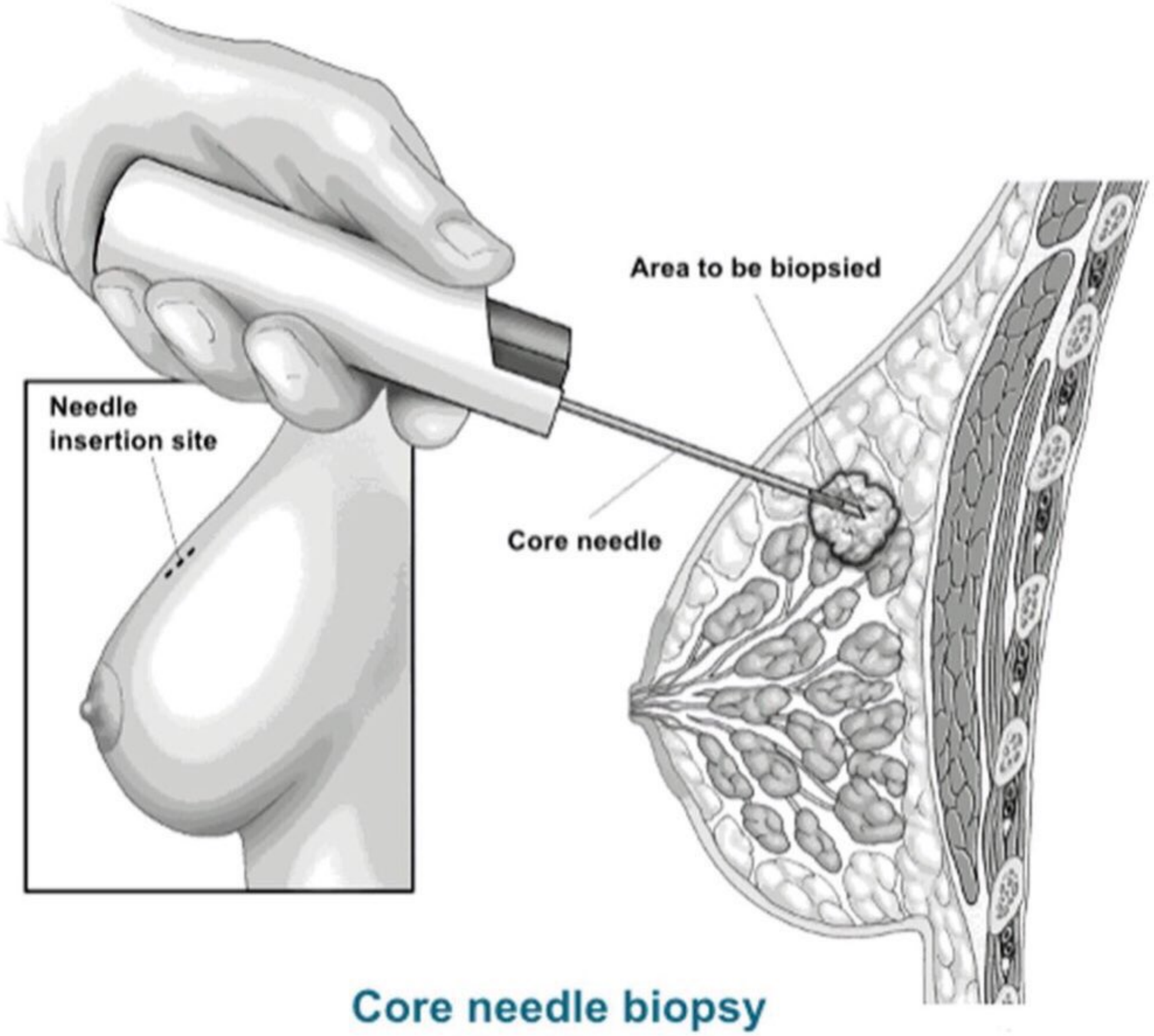
_More reliable than histopathology

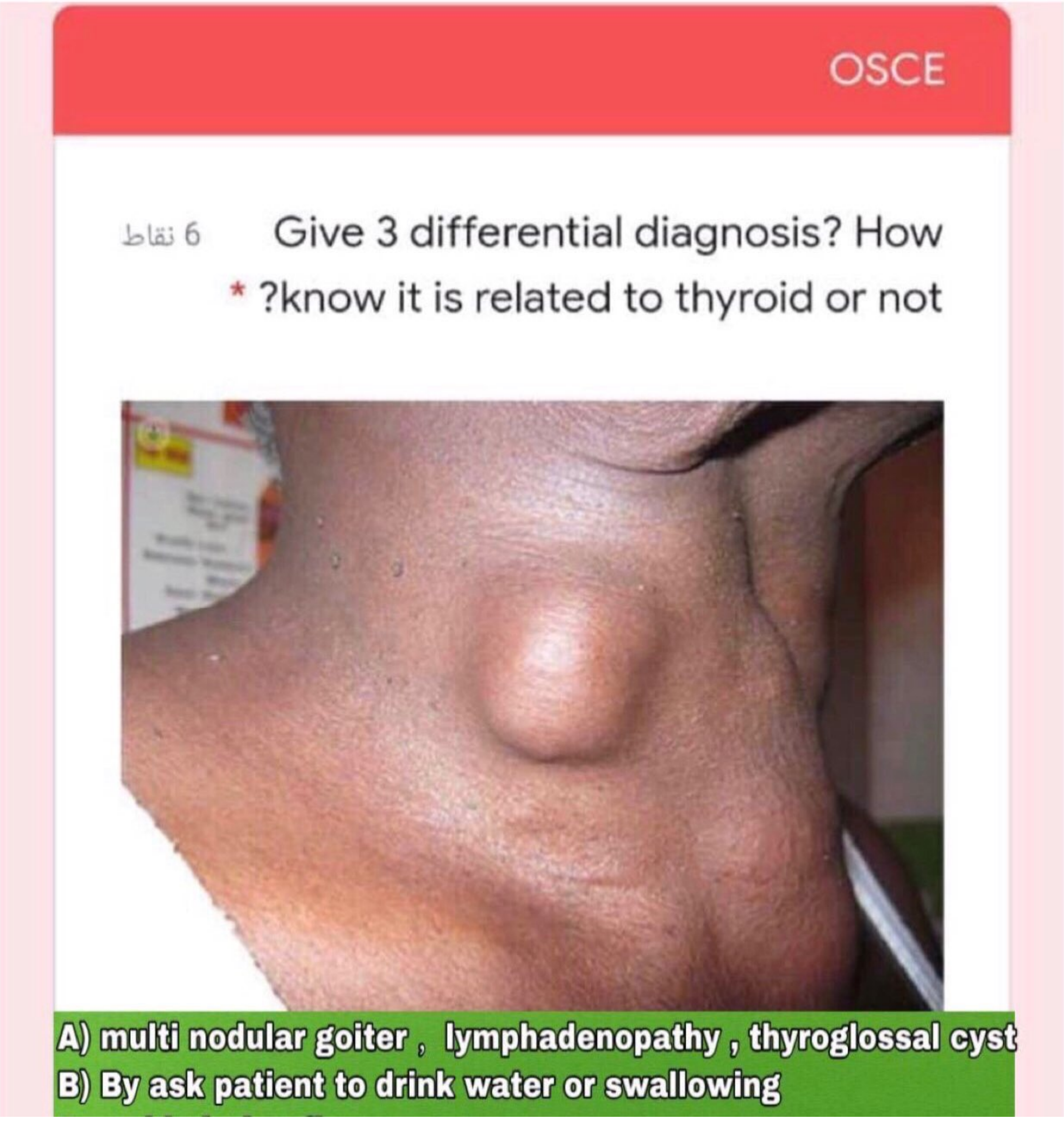
إجابتك

الممسوحة

-Accuracy...highly accurate 90-98%

Figure 3. Core needle breast biopsy


Area to be biopsied
Needle insertion site
Core needle
Core needle biopsy



OSCE

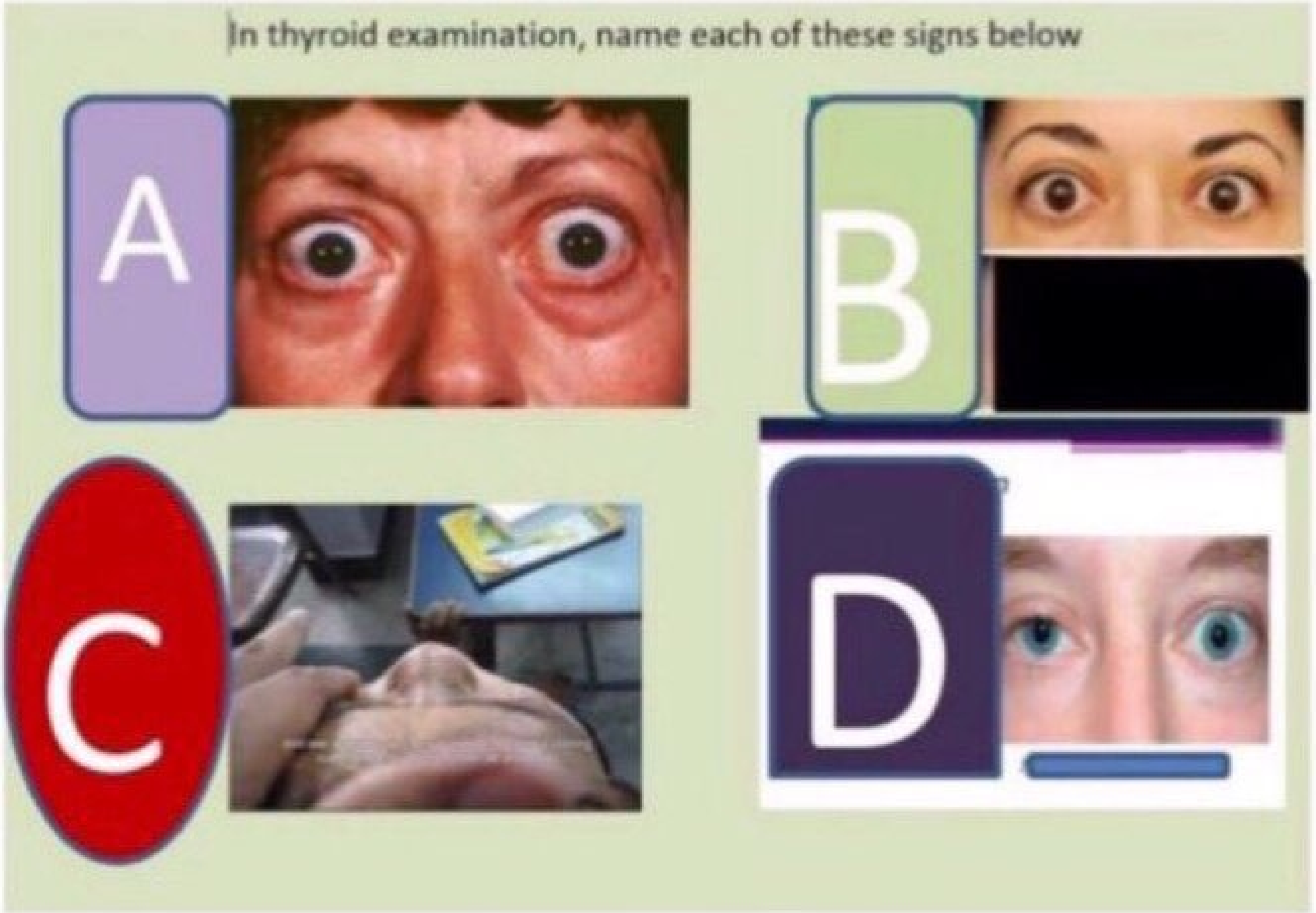
6 نقاط

Give 3 differential diagnosis? How
* ?know it is related to thyroid or not

A) multi nodular goiter , lymphadenopathy , thyroglossal cyst
B) By ask patient to drink water or swallowing

8 نقاط

* ?Name these sign A B C D


In thyroid examination, name each of these signs below

[redacted]

Name sign A B C D

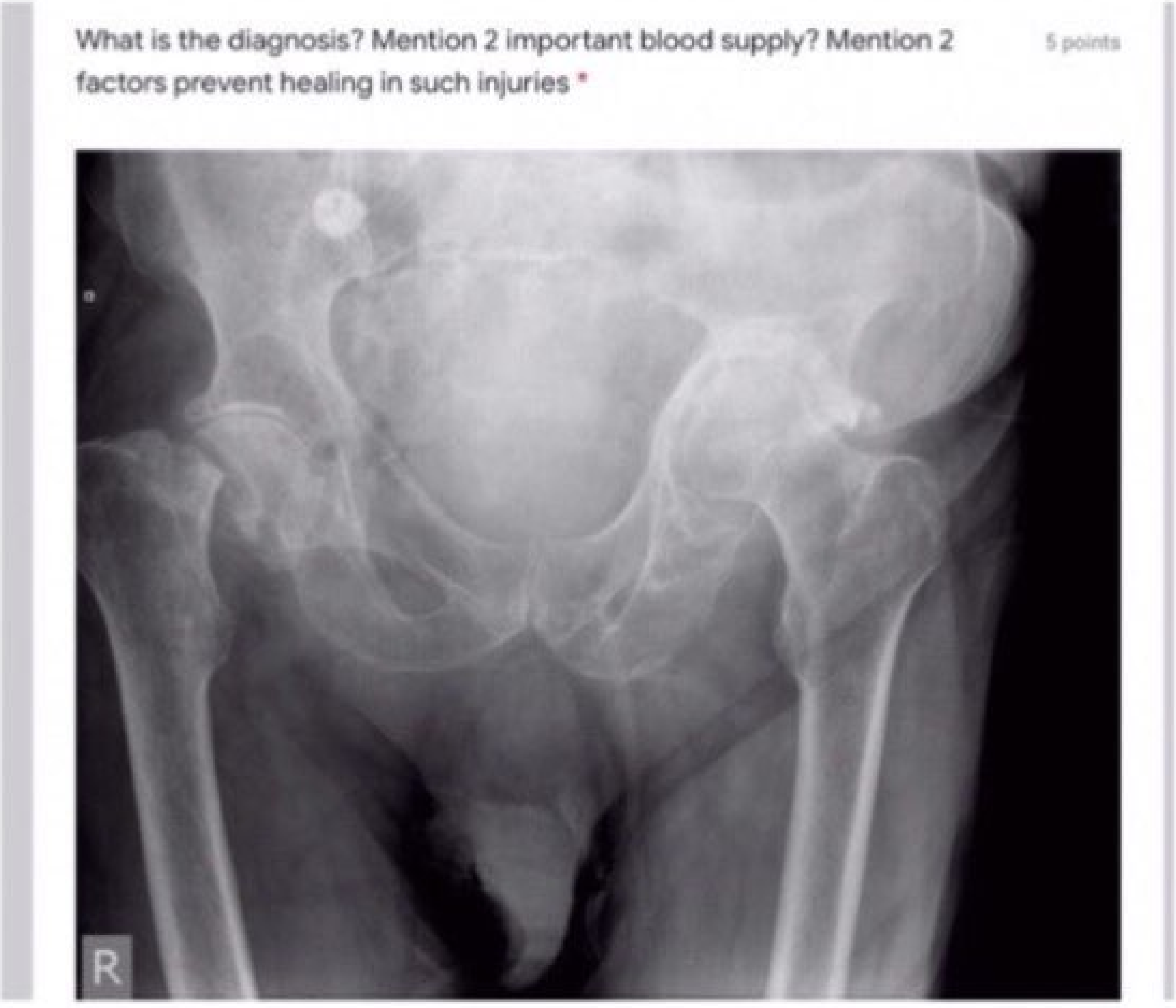
A-Exophthalmos

B-Bilateral lid retraction

C-Nafziger test

D-Unilateral lid retraction

Q9/



What is the diagnosis? Mention 2 important blood supply? Mention 2 factors prevent healing in such injuries *

5 points

Answer:

-Fracture Neck of femur. **With central dislocation**

-Blood supply:

(1) intramedullary vessels in the femoral neck;
(2) ascending cervical branches of the medial and lateral circumflex anastomoses, which run within the capsular retinaculum before entering the bone at the articular margin of the femoral head; and

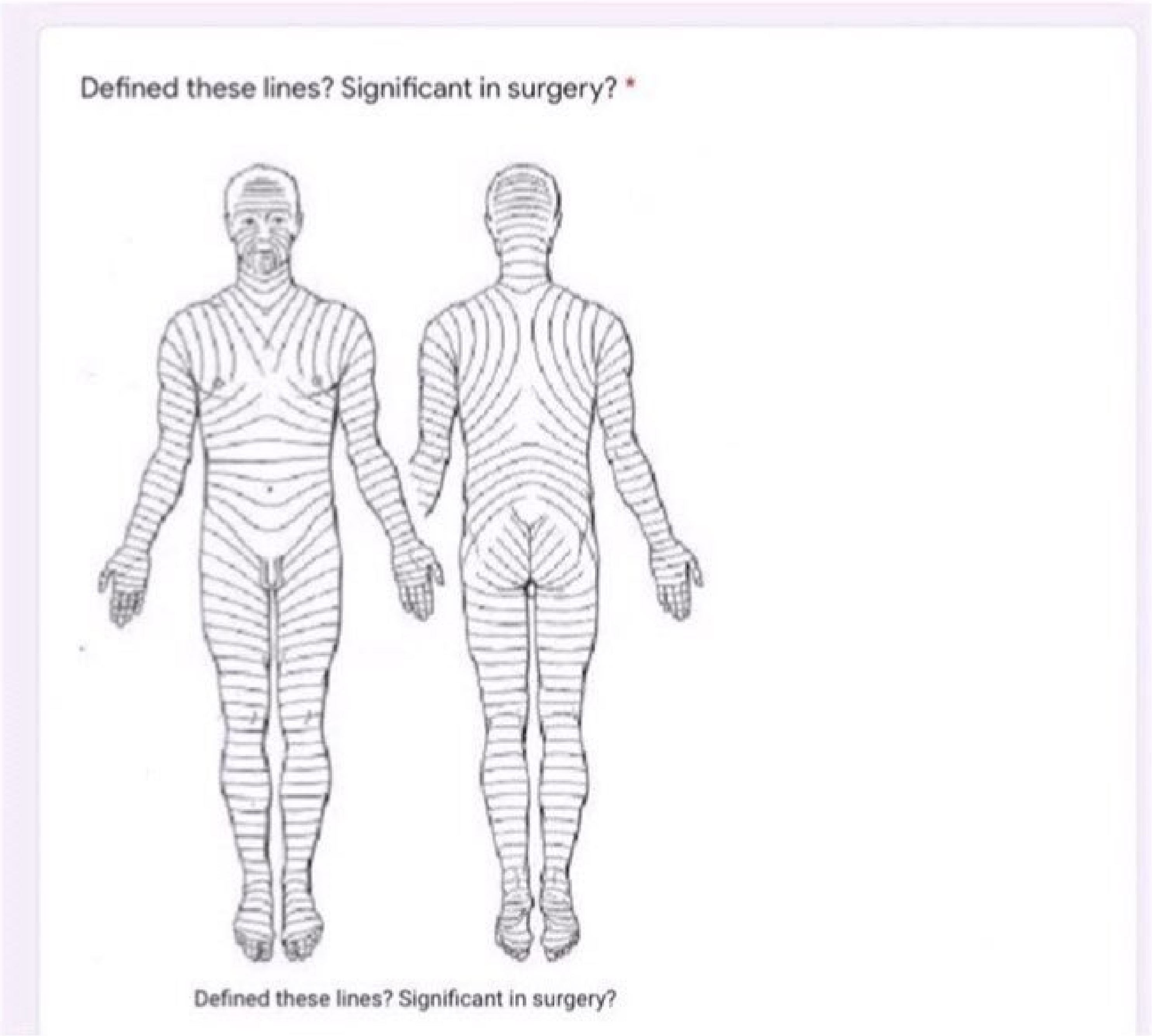
(3) the vessels of the ligamentum teres

-Factors:

1.synovial fluid bathing the fracture **that prevent hematoma formation**

2. **Low vasculatity**

Q1/



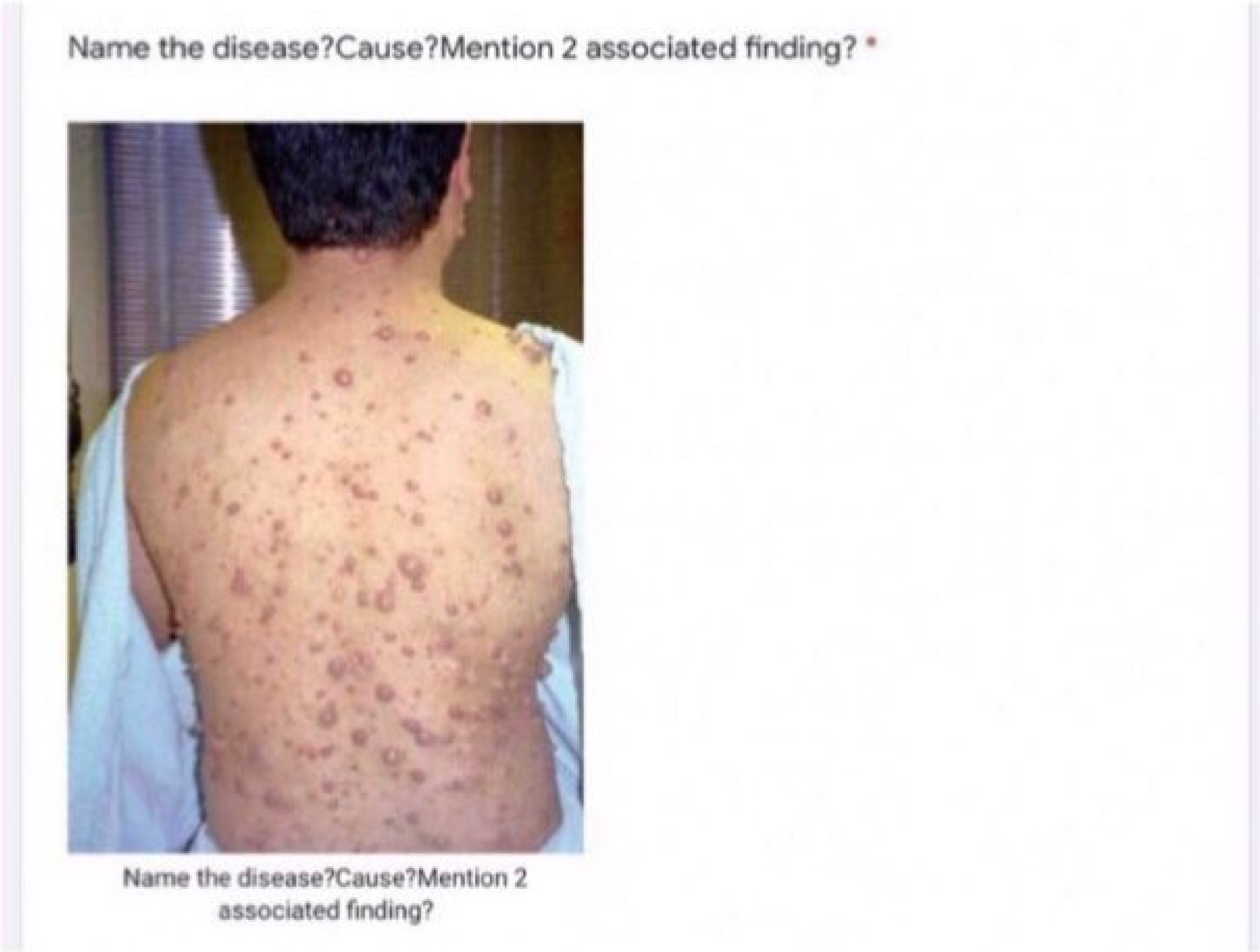
Defined these lines? Significant in surgery? *

Defined these lines? Significant in surgery?

Answer:

Skin tension lines (Langer's lines).
These lines represent the orientation of the dermal collagen fibres and any incision placed parallel to these lines result in a better scar

Q2/



Name the disease?Cause?Mention 2 associated finding? *

Name the disease?Cause?Mention 2 associated finding?

Answer:

-Neurofibromatosis type 1

-mutation on the NF1 gene on the arm of chromosome 17

1.café au lait spots
2. **Lisch nodules in the iris**